

CITY OF BALTIMORE

HEALTH DEPT.

BUREAU OF

VITAL STATISTICS

DEATHS

BEGINNING 1875



CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

DECLARATION OF INTENT

THE CITY RECORDS MANAGEMENT OFFICER HEREBY DECLARES THAT
THE RECORDS MICROFILMED HEREIN, ARE ACTUAL RECORDS OF THE
DEPARTMENT OF Health BUREAU OF Vital
Statistics CREATED DURING THE NORMAL COURSE OF BUSINESS
AND THAT THE MICROFILM WILL BE INSPECTED TO ASSURE COM-
PLETENESS OF COVERAGE, AND THAT:

THE MICROFILMING OF THE RECORDS IS ACCOMPLISHED AS PRO-
VIDED FOR IN REQUEST FOR RETENTION PERIOD, AUTHORIZATION
NO. 345 AS APPROVED BY THE RECORDS COMMITTEE IN
ACCORDANCE WITH ORDINANCE NO. 1096 APPROVED BY THE MAYOR
ON JUNE 4, 1954.

REQUEST FOR RETENTION PERIOD

To: Records Management Officer,
Room 408, City Hall, Baltimore, 2, Md.

Authorization No.

345

Department:

Health

Bureau:

Vital Statistics

Record Identification

1. TITLE: Certificate of Death		2. Form No. if available		3. Type—(cards, paper, etc.) Bound Book	
4. Dates	5. Volume accumulated yearly	6. Size of Record Misc.	7. Number of copies made One (1)		
8. Authorization Requested (check only one (1) of the squares below)					
A. Establish retention period for <input type="checkbox"/> records which are accumulating daily.		B. Dispose of present accumulation, no additional accumulation anticipated. <input type="checkbox"/>		C. Microfilm and destroy originals. <input type="checkbox"/>	
				D. Microfilm and retain originals for length of time indicated below. <input checked="" type="checkbox"/>	
9. Recommended Retention Period					
a. In Dept. 12 yrs.	b. In Storage Center Micro. Perm.	c. Total 12 yrs. and Micro. Perm.	10. Equipment and space freed.		11. In your opinion does this record have any historical significance? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

12. DESCRIPTION OF RECORD: (describe accurately and show recommended retention period.)

These are vital records known as Certificates of Death, required by statute to be registered with the Baltimore City Health Department within several days after the occurrence.

RETENTION PERIOD REQUESTED: Microfilm all Certificates in duplicate retaining the film permanently and store the duplicate rolls of film for security purposes. Retain original death certificates Twelve (12) years after date of registration, and then destroy after microfilming.

Department or Bureau Approval

Robert E. Farber, M.D.
Title: **Commissioner of Health**

3/28/63
Date

Recommendation of Records Management Officer

13. Recommended Retention Period			14. Disposal Method		
a. In Dept. 12 yrs.	b. In Storage Center Microfilm Permanent	c. Total 12 yrs. and Microfilm Permanent	A. To be sold as scrap or waste paper <input type="checkbox"/>	B. To be Burned or shredded <input checked="" type="checkbox"/>	C. Historical, (to be transferred to Dept. of Legislative Reference.) <input type="checkbox"/>

REMARKS:

2 negative Rolls

Records Management Officer

C. P. Force

3/28/63
Date

APPROVALS OF RECORDS DISPOSAL COMMITTEE

KINDLY RETURN TO: RECORDS MANAGEMENT OFFICER
ROOM 408, CITY HALL, BALTIMORE 2, MD.

1. APPROVED: CITY AUDITOR

2. APPROVED: CITY SOLICITOR

3. APPROVED: CITY COMPTROLLER

4. APPROVED: CITY TREASURER

5. APPROVED: DIRECTOR, DEPT. OF PUBLIC WORKS

6. APPROVED: DIRECTOR OF THE MUNICIPAL MUSEUM

7. APPROVED: DIRECTOR, DEPT. OF LEGISLATIVE REFERENCE

Permit No. 19091.

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *July 10th.*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Henry Bahlsman*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, _____ Years, *7* Months, *14* Days.

Color, *White.*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore*

Duration of Residence in the City of Baltimore, _____

Place of Death, { Give street and number. } *247 Bat. Ave.*

Cause of Death, { First (Primary,) Second (Immediate,) } *Cholera Infantum.*

Duration of Last Sickness, *3 weeks.*

All the above information should be furnished by the Physician.

Place of Burial, *St. Alphonsa grave yard*

Date of Burial, *July 11th*

{ Undertaker, *B. Clark* Place of Business, *411 Leigh St.* }

E. Blannington M. D. Medical Attendant.

Address *321 Leigh St.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No. 19092,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 10th 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Fannie Gray Mulville

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age, Years, Six Months, Twenty Days.

Color, White Sex, Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City, 148 Townsend St.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 148 Townsend St. Baltimore

Cause of Death, { First (Primary,) Cholera Infantum
Second (Immediate.)

Duration of Last Sickness, About Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, July 11th 1877. J. W. Chancellor M. D. Medical Attendant.

{ Undertaker, Chas. F. Scriven

{ Place of Business, 271 N. Eutan Address 174 Argyle Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 19093,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *11th July 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Charles H. Myers*

Sex, Male or Female, { Cross out the word not required in this line. }

Age, _____ Years, *4* Months, _____ Days.

Color, _____ Sex, _____

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore*

Duration of Residence in the City of Baltimore, _____

Place of Death, { Give street and number. } *388 N. Stricker St.*

Cause of Death, { First (Primary),
Second (Immediate). } *Cholera Infantum*

Duration of Last Sickness, *3 days*

All the above information should be furnished by the Physician.

Place of Burial, *St. Peter Cemetery*

Date of Burial, *11th July 1877*

{ Undertaker, *C. B. Bizar*
Place of Business, *24 Pennycuik Avenue* }

Address *30 N. Thacker St.*

A. Rich M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore
Permit No. 19094
OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 9th 1877
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Elizabeth Foster
Sex, Male or Female, { Cross out the word not required in this line. } Female
Age, 6 1/2 Years, Months, Days.
Color, White
Married, Single, Widow or Widower, { Cross out the words not required in this line. } Widow
Occupation,
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Matthews Co. Virginia
Duration of Residence in the City of Baltimore, 12 years
Place of Death, { Give street and number. } 50 E. Baltimore St.
Cause of Death, { First (Primary,) Phthisis Pulmonalis
Second (Immediate,)
Duration of Last Sickness, Since June 27th 1877
All the above information should be furnished by the Physician.
Place of Burial, Matthews Co Va
Date of Burial, July 10th 1877
Undertaker, J. Fowler
Place of Business, Towhee
James E. D. M.D. Medical Attendant.
Address 299 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit \$2.00

[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19095

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 10 1877

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. Annie Frederick

Sex, ~~Male~~ Female, Cross out the word not required in this line.

Age, Years, Months, Days.

Color, Col

Married, Single, Widow or Widower, Cross out the word not required in this line.

Occupation,

Birthplace, State or country (and how long in the United States, if of foreign birth)

Duration of Residence in the City of Baltimore, Balto City

Place of Death, Give street and number. 7 Waters Court

Cause of Death, First (Primary), Second (Immediate), Convulsions

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, July 11 1877

Undertaker, W. H. Bishop

Place of Business, 212 N. Hill St

Address

Commissioner of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by W. H. Bishop Undertaker

Board of Health, City of Baltimore.

Permit No. 19096

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *July 11 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *John Lee Knight*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, *one* Years, *one* Months, *one* Days.

Color, *White* Sex, *Male*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Single*

Occupation, *Bank & Broker*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore*

Duration of Residence in the City of Baltimore, *Life*

Place of Death, { Give street and number. } *N.E. Cor. Bank & Broker*

Cause of Death, { First (Primary,) Second (Immediate,) } *Marasmus*

Duration of Last Sickness, *Life*

All the above information should be furnished by the Physician.

Place of Burial, *Butt Cemetery*

Date of Burial, *July 11 1877*

{ Undertaker, *James D. Byrne* Place of Business, *11063 1/2 Front St* }

Address *11063 1/2 Front St*

W. H. Hoffmeyer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore

Permit No. 19097

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 10th

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Mrs Eliza M Rowe

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Age,

72

Years,

Months,

Days.

Color,

White

Sex,

Married, Single, Widow or ~~Widower~~

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

25 years

Place of Death,

{ Give street and number. }

N Side Lawrence E of Harford Ave

Cause of Death,

{ First (Primary),

Old age

{ Second (Immediate),

Exhaustion

Duration of Last Sickness,

About four months

All the above information should be furnished by the Physician.

Place of Burial,

Green Mount Cemetery

Date of Burial,

July 12th 1897

{ Undertaker,

Wm H Hughes

{ Place of Business,

60 E Baltimore

Address

114 Park Ave

J. B. Chataard M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 19098

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 11th, 1877

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. Caroline Simon

Sex, ~~Male~~ or Female, Cross out the word not required in this line.

Age, 3 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, Cross out the words not required in this line.

Occupation,

Birthplace, State or country (and how long in the United States, if of foreign birth.) Baltimore City, Md.

Duration of Residence in the City of Baltimore, since Birth

Place of Death, Give street and number. No 5 Shakespeare St.

Cause of Death, First (Primary), Second (Immediate), Pertussis accompanied by Bronchitis

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, July 11th 1877 John H. Lehberger M. D. Medical Attendant.

Undertaker, H. Froehlich

Place of Business, 246 Eastern Ave Address 243 Alice Anna St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 19099

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said *deceased*, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 9th 1877.

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Mary Ann M. Cornell

Sex, Male & Female,

Cross out the word not required in this line.

Age,

Years,

4 Months,

17 Days.

Color,

White

Sex,

Female

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore Ind.

Duration of Residence in the City of Baltimore,

Six Months

Place of Death,

Give street and number.

3 Bruce St.

Cause of Death,

First (Primary),

Second (Immediate),

Pertussis

Congestion of Brain - Convulsion

Duration of Last Sickness,

About One Month.

All the above information should be furnished by the Physician.

Place of Burial,

St. Peter's Cemetery

Date of Burial,

July 11

Undertaker,

J. B. Cook

Place of Business,

407 West Baltimore

Address

67 N. Guilford St.

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19100

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *July 18th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Henry Randolph*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, *8* Years, *8* Months, *8* Days.

Color, *White* Sex, *Male*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Single*

Occupation, *None*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *No 44 South Carroll St*

Duration of Residence in the City of Baltimore, *Since birth*

Place of Death, { Give street and number. } *13 Little St. Elderly St*

Cause of Death, { First (Primary,) Second (Immediate.) } *Convulsions*

Duration of Last Sickness, *Several hours*

All the above information should be furnished by the Physician.

Place of Burial, *St. Paul's Cemetery*

Date of Burial, *July 18th 1877*

J. M. Beckwith M. D.
Medical Attendant.

{ Undertaker, *Wm. B. B. B.* Address *23 S. Broadway*

{ Place of Business, *55 Canton Ave*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 19101.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *July 10th*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Joseph Edward Cragg*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, *One* Years, *14* Months, *One* Days.

Color, *White* Sex, *Male*

Married, Single, Widowed or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *City*

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } *No 362 Ostend St*

Cause of Death, { First (Primary,) Second (Immediate,) } *Diphtheritic Croup*

Duration of Last Sickness, *24 hours*

All the above information should be furnished by the Physician.

Place of Burial, *Western Cem*

Date of Burial, *July 11th 1877* *J. C. Burch* M. D. Medical Attendant.

{ Undertaker, *Julius Koehler* Address *151 Hanover St*

{ Place of Business, *Car Sharp & Co's*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Permit No. 19102

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 10th 1877.

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Ferdinand Brown

Sex, Male or Female,

Cross out the word not required in this line.

Male

Age,

Years,

8

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore Md.

Duration of Residence in the City of Baltimore,

Entire life time

Place of Death,

Give street and number.

8 W Baltimore St

Cause of Death,

First (Primary.)

Second (Immediate.)

Acute Infantile

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Western Cemetery

Date of Burial,

July 11th

Undertaker,

W. Leonard & Son

Place of Burial,

782 W Baltimore St

A. Webster Cathell M. D.
Medical Attendant.

Address 1/2 D Euter St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 191113

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 10th 1877
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Josephine Kopanski
Sex, Male or Female, { Cross out the word not required in this line. } Male
Age, Years, 2 Months, Days.
Color, White
Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single
Occupation,
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore City Md
Duration of Residence in the City of Baltimore, since Birth
Place of Death, { Give street and number. } 265 Aliceanna St.
Cause of Death, { First (Primary,) cholera infantum
Second (Immediate,)
Duration of Last Sickness, one week
All the above information should be furnished by the Physician.
Place of Burial, St. Alphonsus Cemetery
Date of Burial, July 11th
Undertaker, Wendelin Dippel
Place of Business, S. Bond St. 151
John H. Rehberg M. D. Medical Attendant.
Address 243 Aliceanna St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. *19104*

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *10 July*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Marie Jung*

Sex, Male or Female, { Cross out the word not required in this line. } *Female*

Age, *4* Years, _____ Months, _____ Days.

Color, *white*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore City*

Duration of Residence in the City of Baltimore, _____

Place of Death, { Give street and number. } *Wafke Street No 9*

Cause of Death, { First (Primary,) Second (Immediate,) } *Diphtheria*
Paralysis of the heart

Duration of Last Sickness, *17 days*

All the above information should be furnished by the Physician.

Place of Burial, *London Park*

Date of Burial, *12 July*

{ Undertaker, *Peter Krumm*

{ Place of Business, *317 ...*

A. F. Reinhard M. D.
Medical Attendant.

Address *224 W. Fayette Street*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 19105

OFFICE OF REGISTRAR OF VITALS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 9th 1877
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Johanna Hencke
Sex, Male or Female, { Cross out the word not required in this line. } female
Age, 58 Years, Months, Days.
Color, White
Married, Single, Widow or Widower, { Cross out the words not required in this line. } Widow
Occupation, _____
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Hanover Germany
Duration of Residence in the City of Baltimore, 28 years.
Place of Death, { Give street and number. } 1411 Baitman Ave. N.
Cause of Death, { First (Primary,) Cancer of Uterus and Liver.
Second (Immediate,) _____
Duration of Last Sickness, 10 months
All the above information should be furnished by the Physician.
Place of Burial, Mt. Carmel Cem.
Date of Burial, July 11th 1877
Undertaker, W. A. Dwyer
Place of Business, 74 Baitman Ave.
Address _____
Alvan B. Arnold, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No. 19106

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 9th 1877 -
 Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William Edward -
 Sex, Male or Female, { Cross out the word not required in this line. } male -
 Age, Years, 4 Months, Days.
 Color, Sex,
 Married, Single, Widow or Widower, { Cross out the words not required in this line. }
 Occupation,
 Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore -
 Duration of Residence in the City of Baltimore, 4 mos -
 Place of Death, { Give street and number. } No 4 Ray St -
 Cause of Death, { First (Primary,) Second (Immediate, } Bronchitis - had had enteritis -
 Duration of Last Sickness, 1 mo. { not seen at for a week & no physician was called in but even myself }
 All the above information should be furnished by the Physician.
 Place of Burial, Sharp St Cemetery
 Date of Burial, July 11
 Undertaker, J Davis
 Place of Business, 103 Lee St
 Address 248 N. Carey St -
 B. J. Grove - M. D.
 Physician - Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 19147

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 11th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Catherine Hohmann

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 49 Years, 11 Months, 16 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Seamstress

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Churhausen Germany

Duration of Residence in the City of Baltimore, 25 years

Place of Death, { Give street and number. } 221 N Bond St

Cause of Death, { First (Primary,) ... Consumption
Second (Immediate,) Exhaustion

Duration of Last Sickness, 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, S. Paul's Cemetery

Date of Burial, July 12th 1877

{ Undertaker, Leonard Perry

{ Place of Business, S. Bond St. N. 221

E. Geo Waller M. D.
Medical Attendant.

Address 179 E. ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 19108

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 10, 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Charles Watson.

Sex, Male ~~Female~~ { Cross out the word not required in this line. }

Age, Years, 1 Months, 17 Days.

Color, Black Sex, Male

Married, Single, ~~Married~~ { Cross out the words not required in this line. }

Occupation, City

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Life

Duration of Residence in the City of Baltimore, 52

Place of Death, { Give street and number. } 52 Moore's Alley.

Cause of Death, { First (Primary,) Acute Bronchitis
Second (Immediate,) Capillary Dr.

Duration of Last Sickness, Six days.

All the above information should be furnished by the Physician.

Place of Burial, ~~Green Mount Cemetery~~

Date of Burial, July 12, 1877

Undertaker, Wm H. Bishop

Place of Business, 103 Druid Hill

J. P. Howell Townsend, M. D.
Medical Attendant.

Address 216 N. Howard Street.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 19109

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in his last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 11th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Jacob Senker

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 61 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Austria

Duration of Residence in the City of Baltimore, 10 years

Place of Death, { Give street and number. } 36 Biddle Alley

Cause of Death, { First (Primary,) Cholera Morbus
Second (Immediate,) }

Duration of Last Sickness, 16 hours

All the above information should be furnished by the Physician.

Place of Burial, Eden St Cemetery

Date of Burial, 13 July 1877

Undertaker, F Herzog

Place of Business, 96 S Eden St

Address, 98 S Greene St.

John S Pennington M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 19110

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 11th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Fidus Weidenbluth

Sex, Male or Female,

Cross out the word not required in this line.

Male

Age,

30

Years,

6

Months,

26

Days.

Color,

White

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Married

Occupation,

Labourer

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Bavaria - Germany

Duration of Residence in the City of Baltimore,

23 years

Place of Death,

Give street and number.

239 S. Durham St.

Cause of Death,

First (Primary.)

Second (Immediate.)

Pneumonia

Duration of Last Sickness,

6 months

All the above information should be furnished by the Physician

Place of Burial,

Mount Carmel Cemetery

Date of Burial,

July 13th 1877

M. D.

Undertaker,

Leonhard Kuehn

Place of Business,

S. Bond St. N. E. 217

Address

86 E. Fayette St.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No. 19111

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 11th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Harry Rosenthal

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age, _____ Years,

8

Months,

Days.

Color,

white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Balto. City

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give street and number. }

32 Penna. Avenue

Cause of Death, { First (Primary,) Second (Immediate,) }

Cholera Infantum

Duration of Last Sickness,

Two days

All the above information should be furnished by the Physician.

Place of Burial,

Lloyd Street Cemetery

Date of Burial,

July 12th

Louis W. Knight

M. D.

Medical Attendant.

{ Undertaker,

Mr. Jacobi

Address 112 N. Greene St.

{ Place of Business,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 19112

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years,

Months,

Days.

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

{ Undertaker,

{ Place of Business,

Address

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 19113,

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person whose death is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 12.

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

May Brightman

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Age,

Years,

Months,

Days.

27

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth) }

Baltimore

Duration of Residence in the City of Baltimore,

Since Birth

Place of Death, { Give street and number. }

119 Peach Alley

Cause of Death,

{ First (Primary),
Second (Immediate), }

Quintessence

Duration of Last Sickness,

Since Birth

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore cemetery

Date of Burial,

July 13th 1877

Charles P. Herald M.D.

Medical Attendant.

Undertaker,

Charles P. Herald

Place of Business,

161 Hanover St

Address 146 Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. *19114*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *July 11th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Alice Moore*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *One* Years, *Five* Months, *Twenty eight* Days.

Color, *White* Sex, *Female*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Balt.*

Duration of Residence in the City of Baltimore, *Since birth*

Place of Death, { Give street and number. } *Cor. Prince & Success Sts.*

Cause of Death, { First (Primary,) Second (Immediate,) } *Dentition Congestion of brain*

Duration of Last Sickness, *Five days*

All the above information should be furnished by the Physician.

Place of Burial, *Green Mount Cem*

Date of Burial, *July 13th 1877*

{ Undertaker, Place of Business, } *Jno H Weaver Hazelle St*

Lieut. B. B. M. D.
Medical Attendant

Address *120 Townsend St.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 191157

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 11 1877

Full Name of Deceased, Emma Lutz

Sex, Female

Age, Years, Months, 14 Days.

Color, white

Married, Single, Widow or Widower

Occupation,

Birthplace, Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, 184 Canton Ave

Cause of Death, Convulsions

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician

Place of Burial, Baltimore City

Date of Burial, July 12 1877

Undertaker, Wendell D. Dyer

Place of Business, Bond St

Address, Commissioner of Health

Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Frederick Kaufmann

Permit No. 19116

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 10th. 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annie C. Malston

Sex, Male or Female { Cross out the word not required in this line. }

Age, _____ Years, _____ Months, 1/24 Days.

Color, white,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Ball. Med.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

197 E. Cleary St.

Cause of Death, { First (Primary) Second (Immediate) }

He lived live but one hour, probably exhaustion,

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, W. C. Phil. B. Cem.

Date of Burial, July 11th. 1877

Undertaker, H. A. Raiger

Place of Business, J. S. Pradua

G. Hawley, M. D. Medical Attendant.

Address Ball. & Wash. Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 19117

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, Months, Days.

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished to the Physician.

Place of Burial,

Date of Burial,

{ Undertaker,

{ Place of Business,

Address

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. **19118**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *July 10th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Beatrice C. Kelly*

Sex, Male or Female, { Cross out the word not required in this line. } *Female*

Age, _____ Years, *7* Months, *14* Days.

Color, *White* Sex, _____

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Single*

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Balto. City*

Duration of Residence in the City of Baltimore, *Since Birth*

Place of Death, { Give street and number. } *S. E. Cor. Balto. & Ann St.*

Cause of Death, { First (Primary,) Second (Immediate.) } *Diarrhoea, Exhaustion*

Duration of Last Sickness, *3 weeks*

All the above information should be furnished by the Physician.

Place of Burial, *St. Patrick's Cemetery*

Date of Burial, *July 12th 1877*

{ Undertaker, Place of Business, } *W. A. Raigis*

{ Address } *406 E. Balto. St.*

{ M. D. Medical Attendant } *E. J. Brown*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19119

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 19th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Charles Williams

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 1 Months, 21 Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore city

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 11 Eutan ct

Cause of Death, { First (Primary,) Second (Immediate,) } Convulsions

Duration of Last Sickness, About 3 weeks

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, July 12th 1877

{ Undertaker, { Address

{ Place of Business, 45 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 19120

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 11th

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Catherine Jane Corry
Ye

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

Years,

Months,

Days.

Color,

Cal

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Balt^e Md

Duration of Residence in the City of Baltimore,

Native

Place of Death,

{ Give street and number. }

102 Orchard St

Cause of Death,

{ First (Primary),
Second (Immediate), }

Pertussis
Spasms

Duration of Last Sickness,

Thru (3) weeks

All the above information should be furnished by the Physician.

Place of Burial,

Marst Cemetery

Date of Burial,

July 13, 77

Undertaker,

W. H. Shaw

Place of Business,

W. H. Shaw & Co.

W. H. Arthur

M. D.

Medical Attendant.

Address

192 Pearl St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. *18721*

OFFICE OF REGISTRAR OF VITALS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JUL
12
1877

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *3* Years, *9* Months, Days.

Color, *Light Copper*

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, *None*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore, *3 years & 9 months*

Place of Death, { Give street and number. } *No 5 Kimmel Alley*

Cause of Death, { First (Primary.) Second (Immediate.) } *Unknown Diphtheria*

Duration of Last Sickness, *Ten days*

All the above information should be furnished by the Physician.

Place of Burial, *St. Mary's Cemetery*

Date of Burial, *July 12 1877*

Undertaker, *W. H. Brown*

Place of Business, *118 Howard St.*

B. F. Bohm M. D.
Medical Attendant.

Address *Cor Dolphin & Rep*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 19122

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 12, 1877
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joseph
Sex, Male or Female, { Cross out the word not required in this line. } male
Age, Years, 1 Months, Days.
Color, white
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation,
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Foundling
Duration of Residence in the City of Baltimore, Horse 3 weeks
Place of Death, { Give street and number. } St. Vincent's Infant Asylum
Cause of Death, { First (Primary.) Congenital syphilis
Second (Immediate.) marasmus
Duration of Last Sickness, when received

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery
Date of Burial, July 13, 1877
{ Undertaker, Sam'l Brewer
Place of Business, 156 Division St.

Marbury Brewer M. D.
Medical Attendant.
Address 201 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 19123,

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 20 minutes to 12 o'clock A.M. July 11th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Fisher

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, Forty Six Years, Eleven Months, Days.

Color, White

Married, Single, Widow or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, The affectionate Mother of a lovely family

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Carroll County Maryland

Duration of Residence in the City of Baltimore, Since 17th Nov 1864

Place of Death, { Give street and number. } No 178 Myrtle Avenue

Cause of Death, { First (Primary,) Malignant Tumor of the Left Breast the right becoming involved with general prostration
Second (Immediate,) }

Duration of Last Sickness, Eight Months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery of Min Dannelly

Date of Burial, July 13th 1877

{ Undertaker, Jacob Weaver

{ Place of Business, 414 Grand Hill Ave

Address 28 Forest Place

Baltimore City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 19124

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 12 - 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Patrick Donohoe

Sex, Male or Female, { Cross out the word not required in this line. }

Age, about 60 Years,

Months,

Days.

Color, white

Sex,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Laborer

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Ireland

Duration of Residence in the City of Baltimore,

Said to be 50 years resident

Place of Death, { Give street and number. }

Alley between Park St. & Anthony's alley

Cause of Death, { First (Primary,) Second (Immediate,) }

Probably Chronic Dysentery

Duration of Last Sickness,

I do not know

All the above information should be furnished by the Physician.

Place of Burial, Boney Brae

Date of Burial, July 13th 1877

J. de Christ M. D.
Medical Attendant.

{ Undertaker, Chas. T. Scriven

Address

141 Rannet St.

{ Place of Business, 271 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore,

Permit No. 19125

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *July 11 1877*

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. *Robert A. Roberts*

Sex, Male or Female, Cross out the word not required in this line. *Male*

Age, *2* Years, *10* Months, *10* Days.

Color, *Caucasian* Sex, *Male*

Married, Single, Widow or Widower, Cross out the words not required in this line. *Single*

Occupation, *Teacher*

Birthplace, State or country (and how long in the United States, if of foreign birth.) *Mo - Jefferson Mo*

Duration of Residence in the City of Baltimore, *Life*

Place of Death, Give street and number. *No 211 Mullican St*

Cause of Death, First (Primary,) Second (Immediate,) *Scarlatina & Pertussis*
Coma

Duration of Last Sickness, *Pertussis 2 weeks, Scarlatina 2 weeks*

All the above information should be furnished by the Physician.

Place of Burial, *St Patricks*

Date of Burial, *July 12 1877* *A. J. Ford* M. D.
Medical Attendant.

Underlaker, *Theo G. Locks*

Place of Business, *58 Jefferson* Address *75 N. Broadway*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Permit No. 9126

OFFICE OF REGISTRAR OF VITALS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 10th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Mary Ann Gibson

Sex, Male or Female,

Cross out the word not required in this line.

Age,

Years,

Months,

Days.

Color,

Colored

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore, Md.

Duration of Residence in the City of Baltimore,

17 days

Place of Death,

Give street and number.

21 Horn St.

Cause of Death,

First (Primary.)

Second (Immediate.)

Cholera Infantum.

Exhaustion.

Duration of Last Sickness,

5 days.

All the above information should be furnished by the Physician.

Place of Burial,

Laurel Cem.

Date of Burial,

July 12 1877

Undertaker,

Theodore Soaks

Place of Business,

56 Jefferson St.

Address

Cor. Broadway & Madison

Wm L. Russell M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 19128

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 12, 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

William Hopper

Sex, Male or Female,

Cross out the word not required in this line.

Age,

59

Years,

Months,

Days.

Color,

W.

~~Married~~, Single, ~~Widow~~ or ~~Widower~~,

Cross out the words not required in this line.

Occupation,

Iron Moulder

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Howard Co. Md.

Duration of Residence in the City of Baltimore,

40 years

Place of Death,

Give street and number.

398 E. Eager St.

Cause of Death,

First (Primary),
Second (Immediate).

Apoplexy

Duration of Last Sickness,

4 hours.

All the above information should be furnished by the Physician.

Place of Burial,

Balto Cemetery

Date of Burial,

July 13, 1877

Undertaker,

John D. Smith

Place of Business,

No 386 Maryland

Address

311 N. Broadway.

L. C. Gordon, M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No. 19129

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 11th 1877

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. Leora Allen

Sex, ~~Male~~ or Female, Cross out the word not required in this line. Female

Age, One Years, Four Months, Eleven Days.

Color, White Sex, Female

~~Married, Single, Widow or Widower,~~ Cross out the words not required in this line.

Occupation, _____

Birthplace, State or country (and how long in the United States, if of foreign birth.) Baltimore Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, Give street and number. No 25 S. Bond St.

Cause of Death, First (Primary,) Second (Immediate,) Spinal paralysis
Congestion of the Brain

Duration of Last Sickness, Thirty two days.

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet - Amt

Date of Burial, July 12. 77 John P. Lynch M. D.
Medical Attendant

Undertaker, John J. Rockman Address S. E. Cor Broadway & Pratt

Place of Business, cor Greenmount Ave
L Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore,

Permit No. 19130

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *July 12th 1877*

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. *William May*

Sex, Male or Female, Cross out the word not required in this line.

Age, *7* Years, *19* Months, *19* Days.

Color, *White* Sex, *Male*

Married, Single, Widow or Widower, Cross out the words not required in this line.

Occupation,

Birthplace, State or country (and how long in the United States, if of foreign birth.) *27 E. Baltimore St*

Duration of Residence in the City of Baltimore, *Life*

Place of Death, Give street and number. *38 N Pratt St*

Cause of Death, First (Primary,) Second (Immediate,) *Cholera infantum*

Duration of Last Sickness, *2 months*

All the above information should be furnished by the Physician.

Place of Burial, *St. Matthias Cemetery*

Date of Burial, *July 13/77*

Undertaker, *G. H. Dunning* Address *136 E. Pratt St*

Place of Business, *136 E. Pratt St*

W. H. Dunning M. D. Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Permit No. 19131

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

12th July 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Berence Henderson

Sex, Male or Female,

Cross out the word not required in this line.

Age,

Years,

6

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

146 Sharp St.

Cause of Death,

First (Primary.)

Second (Immediate.)

Cholera Infantum

Duration of Last Sickness,

Two weeks

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore cemetery

Date of Burial,

July 13 1877

Undertaker,

Charles P. Herold

Place of Business,

161 Hanover St.

Address

57 Bane St

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 19132

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 12th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Wm Bayly Chapman

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, Months, 20 Days.

Color, Sex,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

22 S. Calhoun St.
Cholera Infantum

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, July 14th 1877

{ Undertaker, The Rev. & Co

{ Place of Business, 530 Fayette St. Address

John Meff M. D.
Medical Attendant.

358 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 19133

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 12th 1897

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

John Henry Bahrs

Sex, Male or Female,

Cross out the word not required in this line.

Male

Age,

78

Years,

8

Months,

11

Days.

Color,

White

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Married

Occupation,

Brayman

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Germany

Duration of Residence in the City of Baltimore,

42 years

Place of Death,

Give street and number.

171 S. Eden St.

Cause of Death,

First (Primary.)

Marasmus

Second (Immediate.)

old age

Duration of Last Sickness,

About two or more years

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore Cemetery

Date of Burial,

July 15

Undertaker,

Wm. H. Hackman

Place of Business,

26 Bank St.

Address

H. E. Fayette M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 19134

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 11 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Grace Irene Debring

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 2 Years, 7 Months, 20 Days.

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

126 Druid Hill Ave

Cause of Death, { First (Primary,) Second (Immediate,) }

Inflammation of Brain
2 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, July 13th 1877

Undertaker, Andrew Leitz

Place of Business, 128 Druid Hill Ave

C. Winslow

M. D.

Medical Attendant.

Address 23 McCallum St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore
Permit No. 19135

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 12th 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Henry C. Shoener

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age,

Years,

6 Months,

18 Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

since birth

Place of Death, { Give street and number. }

2 Gittings Court

Cause of Death, { First (Primary,) Second (Immediate,) }

Chorea
Infantum
Brevis

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Western Cem

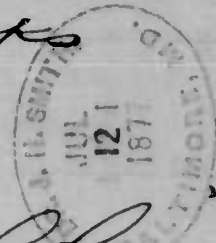
Date of Burial,

July 13th 1877

{ Undertaker, Julius Kochler }

{ Place of Business, 108 S. Sharp & Co. etc }

Address 108 S. Sharp & Co.



M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. *19136*

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *Wednesday July 11th 1917*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *William Edwards*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, *4* Years, *4* Months, *—* Days.

Color, *Colored* Sex, *—*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *—*

Occupation, *—*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Balto*

Duration of Residence in the City of Baltimore, *Life Time*

Place of Death, { Give street and number. } *# 9 Jockey Row*

Cause of Death, { First (Primary,) Second (Immediate,) } *"Thrush" + Diarrhea*
Malnutrition,

Duration of Last Sickness, *two weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Gall's st. cemetery*

Date of Burial, *July 13. 17*

Undertaker, *John W. Lohr*

Place of Business, *29. S. W. 4. st*

Address *# 25-1/2 Government St*

Walter Brinton M. D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19137

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 13 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Magdelane.

Sex, ~~Male~~ Female, {Cross out the word not required in this line, }

Age, Years, 1 Months, 7 Days.

Color, Cal

Married, Single, Widow or Widower, {Cross out the word not required in this line, }

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth, } Youngling Iron Works Station

Duration of Residence in the City of Baltimore, 1 year

Place of Death, {Give street and number, } 93 Jasper St

Cause of Death, {First (Primary, } Thrush
{Second (Immediate, } Inanition

Duration of Last Sickness, one week

All the above information should be furnished by the Physician

Place of Burial, W. Pub Cemetery James A. Stearns, M. D.

Date of Burial, July 13 1877

{Undertaker, M. H. C. Perry

{Place of Business, Pratt St Address Commissioner of Health

Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Emily Jane Fisher [OVER] who adopted it to raise

Board of

City of Baltimore

Permit No. 19138,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *July 12 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Mary Deeny*

Sex, ~~Male~~ *Female*, { Cross out the word not required in this line. }

Age, *7* Years, *7* Months, *7* Days.

Color, *white*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore City*

Duration of Residence in the City of Baltimore, *Life*

Place of Death, { Give street and number. } *6 Cuba St. S. Pt.*

Cause of Death, { First (Primary,) Second (Immediate,) } *Pertussis*
Gen debility

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, *Harrisburg Pa*

Date of Burial, *July 13 1877* M. D.

Undertaker, *Clarke & Sons*

Place of Business, *614 E. Baltimore St* Address *Commissioner of Health & Registrar*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Dr E W. Lanney

[OVER.]

Permit No. 19139

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 12 July

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. Elizabeth Burk

Sex, Male or Female, Cross out the word not required in this line. female

Age, 80 Years, Months, Days.

Color, white

Married, Single, Widow or Widower, Cross out the words not required in this line. widow

Occupation,

Birthplace, State or country (and how long in the United States, if of foreign birth.) Ireland. 22 years

Duration of Residence in the City of Baltimore, 22 years

Place of Death, Give street and number. Vine Street N. 94 93

Cause of Death, First (Primary.) Diabetes mellitus
Second (Immediate.) Gastritis

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician

Place of Burial, St. Peter's Church grave

Date of Burial, 14th July *S. J. Reinhard* M. D.
Medical Attendant.

Undertaker, P. Kimmert

Place of Business, 317 Malloy St. Address 224 W. Fayette Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 19140

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 12th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Jesse W. Waters

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 85 ~~Years~~ Months, Days.

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Laborer

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } New Jersey

Duration of Residence in the City of Baltimore, 15 years

Place of Death, { Give street and number. } 143 Vine St

Cause of Death, { First (Primary,) Acute Diarrhea
Second (Immediate,) old Hernia

Duration of Last Sickness, one week

All the above information should be furnished by the Physician

Place of Burial, Linden Cemetery

Date of Burial, 14 July M. D.

{ Undertaker, J. J. Chalmers Address 42 Mosler St
Place of Business, 262 Penna

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 19141

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

CERTIFICATE OF DEATH.

Date of Death, July 12th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Nancy Trueman

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 75 Years, 8 Months, Days.

Color, White Sex, Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Widow

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Caroline Co. Md

Duration of Residence in the City of Baltimore, _____

Place of Death, { Give street and number. } No 1 Carrollton av

Cause of Death, { First (Primary,) Lafting of Brain
Second (Immediate,) Probable Effusion

Duration of Last Sickness, several months

All the above information should be furnished by the Physician.

Place of Burial, Kent County Wm E Govers M. D.

Date of Burial, July 14th 1877 Medical Attendant.

{ Undertaker, Hughes & Co Address Fayette St

{ Place of Business, 330 Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Transit 7828

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19142

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 12th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Owen McCarron

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 64 Years, Months, Days.

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Boiler Maker

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 27 Years

Place of Death, { Give street and number. } 78 Harford Avenue

Cause of Death, { First (Primary.) Second (Immediate.) } Cerebritis
Paralysis

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, July 15-1877 Geo. B. Reynolds M. D.
Medical Attendant.

Undertaker, James Byrne

Place of Business, 63 Front St Address 43 North Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 19143.

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 11th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Martha Murphy

Sex, Male or Female, { Cross out the word not required in this line. }

male

Age,

7

Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore Columbus Indiana

Duration of Residence in the City of Baltimore,

5 years

Place of Death, { Give street and number. }

12 S. Front St

Cause of Death, { First (Primary,) Second (Immediate,) }

Scarlatina

Duration of Last Sickness,

17 days

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, July 13 1877

{ Undertaker, Jas P Byrne

{ Place of Business, 63 Front

J. D. Arnold.

M. D.

Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 19144

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, Years, 5 Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number. } St. Corbin & Chesnut Sts.

Cause of Death, { First (Primary,) Phthisis Pulmonalis. Second (Immediate,) Pertussis. } Nearly all its life.

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, St. Vincent's Cemetery

Date of Burial, July 13 1878

Undertaker, Jas. D. Byrne

Place of Business, 63 N. E. St.

Address 137 N. E. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 19145

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 12th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Nancy Oates,

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Age,

Years,

5 Months,

Days.

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Balti City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

370 Ostend St.

Cause of Death,

{ First (Primary,)
Second (Immediate,) }

Cholera Infantum

Duration of Last Sickness,

13 days

All the above information should be furnished by the Physician.

Place of Burial,

St Peter's Cemetery

Date of Burial,

13th July.

W. J. N. Tall

M. D.

Medical Attendant.

{ Undertaker,

Julius Roessler

Address

158, S. Sharp St.

{ Place of Business,

362 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 19146

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 12

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Frank Baum

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

6.

Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

Since Birth

Place of Death, { Give street and number. }

Kings St

Cause of Death, { First (Primary) Second (Immediate) }

Scarletina

Bronchitis

Duration of Last Sickness,

4 weeks

All the above information should be furnished by the Physician

Place of Burial,

St Alphonsus

Date of Burial,

July 13

{ Undertaker,

E. J. Krause

{ Place of Business,

209 Hanover St

Address

46 Hanover St

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 19147

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

12 day July 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

John Arthur Habersat

Sex, Male or Female,

Cross out the word not required in this line.

Age,

Years,

3

Months,

12

Days.

Color,

White

Sex,

Male

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore City

Duration of Residence in the City of Baltimore,

Life

Place of Death,

Give street and number.

50 Mount St

Cause of Death,

First (Primary),

Second (Immediate.)

Stomach & bowels irritation

Duration of Last Sickness,

Reported over 2 weeks under my care

All the above information should be furnished by the Physician.

Place of Burial,

Locuston Park

Date of Burial,

July 13 1877

D. P. Hoffman

M. D.

Medical Attendant.

Undertaker,

Wm. M. Leonard & Co

Place of Business,

782 N. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 191481

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 12 - 77

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Anne

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 7 Years, ? Months, Days.

Color, White Sex, Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, all her life

Place of Death, { Give street and number. } 184 German

Cause of Death, { First (Primary,) Second (Immediate,) } Diptheria

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery St. Peters

Date of Burial, July 13 - 77 M. D.

{ Undertaker, Pluckington & Son Medical Attendant.

{ Place of Business, 606 W. Balto. St. Address 184 German

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19149

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 12th, 1897

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Eva Margaret Ritterbusch

Sex, Male or Female,

Cross out the word not required in this line.

Age,

Years,

White

Months,

Days.

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore Maryland

Duration of Residence in the City of Baltimore,

15 11 months

Place of Death,

Give street and number.

No 82 Harrison St (Canton)

Cause of Death,

First (Primary),

Second (Immediate),

Dentition
Convulsions

Duration of Last Sickness,

2 weeks

All the above information should be furnished by the Physician.

Place of Burial,

St. Carmel

Date of Burial,

July 14th 1897

Undertaker,

H. Froehlich

Place of Business,

236 Eastern St

Address

144 Chesapeake St

E. J. Williams M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION-2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19157

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *July 12th 1877.*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Nichl Marsh*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, *62* Years, — Months, — Days.

Color, *White* Sex, *male*

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, *Tailor.*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Austria.*

Duration of Residence in the City of Baltimore, *5 Years.*

Place of Death, { Give street and number. } *263 S. Ann St.*

Cause of Death, { First (Primary,) Second (Immediate,) *Phthisis Pulmonalis,*

Duration of Last Sickness, *9 days*

All the above information should be furnished by the Physician.

Place of Burial, *St. Alphonsus Cemetery*

Date of Burial, *July 23rd*

{ Undertaker, *Wendelin Deffel* Address *116 Thames St.*

{ Place of Business, *S. Bond St., 151*

J. J. Sullivan M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 19157

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 12th 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

William J. Miller

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Two Years, Four Months, Three Days.

Color, White

Sex, Male.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Balt. City of

Duration of Residence in the City of Baltimore,

Life Time

Place of Death, { Give street and number. }

504 E. Fayette st

Cause of Death, { First (Primary), Second (Immediate), }

Scarlet Fever

Duration of Last Sickness,

Six days.

All the above information should be furnished by the Physician.

Place of Burial,

North. Cem., Phil. Roca S. J. Haysman

Date of Burial,

July 13th 1877

M. D.

Undertaker,

Wm. H. T. S. 1314 N. High st

Medical Attendant.

Place of Business,

321 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 19152

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 13. 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Marion Miker*

Sex, Male ~~or Female~~ { Cross out the word not required in this line. } *Female*

Age, 25 Years, Months, Days.

Color, *W* Sex, *Female*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Single*

Occupation, *Cigar-maker*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore*

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, { Give street and number. } *Corner of Baltimore St.*

Cause of Death, { First (Primary,) *Pneumonia*
Second (Immediate,) }

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, *Mount Carmel Cemetery*

Date of Burial, *July 14. 1877.*

M. D.

Medical Attendant.

{ Undertaker, *H. Hoffmann*
Place of Business, *63 N. Eder St.* Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No. **19153**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, **July 12th 1877**

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } **Margaretta Edelmann**

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, **75** Years, **10** Months, **7** Days.

Color, **White**

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, **None**

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } **Germany**

Duration of Residence in the City of Baltimore, **12 years**

Place of Death, { Give street and number. } **46 Stennett Street**

Cause of Death, { First (Primary,) Second (Immediate,) } **old age debility**

Duration of Last Sickness, **About 2 weeks**

All the above information should be furnished by the Physician. **about 2 weeks**

Place of Burial, **Westminster**

Date of Burial, **July 14**

Undertaker, **J B Cook**

Place of Business, **707 West Baltimore St**

Address **582 W Lombard St**

J. B. Edelmann M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19154

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 13th 1877

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. William Shuler

Sex, Male ~~or Female~~, Cross out the word not required in this line.

Age, ~~Three~~ Years, Three Months, Twenty-nine Days.

Color, white Sex, male

~~Married~~, Single, ~~Widow~~ ~~or Widower~~, Cross out the words not required in this line.

Occupation, _____

Birthplace, State or country (and how long in the United States, if of foreign birth.) 3711 W Lombard St-

Duration of Residence in the City of Baltimore, _____

Place of Death, Give street and number. 370 W Lombard St-

Cause of Death, First (Primary,) Second (Immediate,) Cholera Infantum

Duration of Last Sickness, Thirteen days

All the above information should be furnished by the Physician.

Place of Burial, Linden Park Cemetery

Date of Burial, July 14

Undertaker, J B Cook Address 506 W ~~Long~~

Place of Business, 707 West Baltimore

M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 191537

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 12 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

William Henry Meades

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years,

2

Months,

3

Days.

Color,

Caucasian

Sex,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

No 28 Dallas St

Duration of Residence in the City of Baltimore,

All time

Place of Death, { Give street and number. }

No 28 Dallas St

Cause of Death, { First (Primary,) Second (Immediate.) }

Consumption

Duration of Last Sickness,

6 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

M. D.

Date of Burial, July 13 1877

Medical Attendant.

{ Undertaker, Wm A Durgelle

Address No 23 East St

{ Place of Business, No 62 East St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

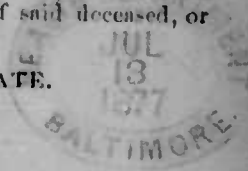
Board of Health, City of Baltimore,

Permit No. 19156

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *July 12, 1877.*

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. *George A Hoffman.*

Sex, *Male or Female*, Cross out the word not required in this line.

Age, *17* Years, _____ Months, _____ Days.

Color, *Black.*

Married, Single, Widow or Widower, Cross out the words not required in this line. *Single*

Occupation, *Servant*

Birthplace, State or country (and how long in the United States, if of foreign birth.) *Baltimore.*

Duration of Residence in the City of Baltimore, *17 years.*

Place of Death, Give street and number. *Fourteen Alley between Belmont & Hoffman*

Cause of Death, First (Primary), Second (Immediate), *Typhoid Fever*
Asthenia

Duration of Last Sickness, *Unknown*

All the above information should be furnished by the Physician.

Place of Burial, *New Sharp St. Cemetery.*

Date of Burial, *July 13th 1877.*

Undertaker, *Wm H Bishop Jr*

Place of Business, *103 Third Street*

Chas W Capper M. D.
Medical Attendant.

Address *305 Madison Ave*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 19157

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 11th 1876

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Catherine Brand

Sex, Male or Female,

Cross out the word not required in this line.

female

Age,

83 Years,

Months,

Days.

Color,

white

Married, Single, Widow or Widower,

Cross out the words not required in this line.

married

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Germany

Duration of Residence in the City of Baltimore,

40 years

Place of Death,

Give street and number.

339 Harbor St.

Cause of Death,

First (Primary.)

Chronic enteritis

Second (Immediate.)

Duration of Last Sickness,

1 year

All the above information should be furnished by the Physician.

Place of Burial,

St. Peter's Cemetery

Date of Burial,

July 14 1876

Undertaker,

Wm. P. Byrne

Place of Business,

63 Front St

Address

27 N. Broadway

J. G. Dausch, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore
Permit No. 19/58

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 13 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Mary Pauline Nahn

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

1 Year,

Months,

Days.

Color,

W

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Balto.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

157 Hamilton

Cause of Death, { First (Primary,) Second (Immediate,) }

Enteritis

Duration of Last Sickness,

several weeks

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore Cemetery

Date of Burial,

July 14 1877

{ Undertaker,

Charles F. Herold

{ Place of Business,

161 Hanover St

Address

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 19159

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 13th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Charles B. Bradley

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 2 Months, 4 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number. } 104 N. Wash. St

Cause of Death, { First (Primary,) Second (Immediate,) } Cholera Infantum

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, W E B G Phil Road

Date of Burial, July 14/77

{ Undertaker, Fry & Bro

{ Place of Business, 34 W Broadway

H. G. Ruck

M. D.

Medical Attendant.

Address, Balt. & Wash. Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. *19160*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *July 13th*

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. *Eleonore Roman*

Sex, ~~Male~~ or Female, Cross out the word not required in this line.

Age, *70* Years, *8* Months, *—* Days.

Color, *white* Sex, *female*

~~Married~~, Single, Widow or ~~Widower~~, Cross out the words not required in this line.

Occupation, *housekeeper*

Birthplace, State or country (and how long in the United States, if of foreign birth.)

Germany

Duration of Residence in the City of Baltimore, *23 years*

Place of Death, Give street and number. *71 Sharp Street*

Cause of Death, First (Primary,) Second (Immediate,) *general endarteritis & heart hypertrophy apoplectic insult in the brain.*

Duration of Last Sickness, *2 days*

All the above information should be furnished by the Physician.

Place of Burial, *Baltic Cemetery*

Date of Burial, *July 14, 1877*

Undertaker, *Henry Meyer*

Place of Business, *106 W. Howard St*

Henry Salzer M. D.
Medical Attendant.

Address *165 W. Lombard St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19161

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 14th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Edward Wicke

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 1 Years, 8 Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 57 Pearl St

Cause of Death, { First (Primary.) } Diphtheria
{ Second (Immediate.) }

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician

Place of Burial, Loudon Park

Date of Burial, July 14th 1877 James A. Stearns M. D.

{ Undertaker, John Teufel

{ Place of Business, 116 N. Balto St Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death except in cases of births and deaths of illegitimate children.

Information by William Wicke father [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19162

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 13 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Lelia Isaac

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, 1 Years, 8 Months, — Days.

Color, Col'd

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or country (and how long in the United States. If of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 54 Low Street

Cause of Death, { First (Primary) Second (Immediate) } Convulsions

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, July 15 1877 James A. Stenoh M. D.

Undertaker, W. M. Dunfee

Place of Business, East St Address Commiss of Health

Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of birth and deaths of illegitimate children.

Information by G. Abbe Dolan Grandmother

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19163,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 13th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Edmond V. Courtney,

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, 2 Years,

Months,

Days,

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Baltimore City

Duration of Residence in the City of Baltimore,

all his life

Place of Death, { Give street and number. }

382 W. Lombard St.

Cause of Death, { First (Primary,) Second (Immediate,) }

Pertussis, Convulsions,

Duration of Last Sickness,

6 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park cemetery

Date of Burial, July 14th 1877

Edm. J. A. Meyer, M. D. Medical Attendant.

{ Undertaker, J. B. Cook

{ Place of Business, 12707 W. Baltimore street

City,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No. *19164*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *July 13.*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Mary Georgeanna Fraizier*

Sex, Male or Female, { Cross out the word not required in this line. } *Female*

Age, *27* Years, Months, Days.

Color, *White* Sex,

Married, ~~Single~~ ~~Widow~~ ~~or~~ ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Washington*

Duration of Residence in the City of Baltimore, *19 years*

Place of Death, { Give street and number. } *S. E. Lee st. 174.*

Cause of Death, { First (Primary,) Second (Immediate,) } *Pneumonia*

Duration of Last Sickness, *Two months*

All the above information should be furnished by the Physician.

Changed to Baltimore

Place of Burial, ~~St. John's Cemetery~~ *John A. Smith* M. D. Medical Attendant.

Date of Burial, *July 15*

{ Undertaker, *Wendelin Dippel*

{ Place of Business, *S. Bond st. 151*

Address *H. E. Lee & Co. 174 S. E. Lee st.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore
Permit No. 19168

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 12th of July 1877
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John August Klein
Sex, ~~Male~~ or ~~Female~~, { Cross out the word not required in this line. }
Age, 1 Years, 10 Months, Days.
Color, Wht

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) }
{ Second (Immediate,) }

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, July 14 1877

{ Undertaker, H. J. Smith }

{ Place of Business, 1st & 35th Sts }

Address 245 S. Howard

Joseph H. M. D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 19166

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 12th 1877

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. George Hornerville

Sex, Male or Female, Cross out the word not required in this line.

Age, Years, 3, Months, 14 Days.

Color, Black

Married, Single, Widow or Widower, Cross out the words not required in this line.

Occupation,

Birthplace, State or country (and how long in the United States, if of foreign birth.) Baltimore

Duration of Residence in the City of Baltimore, 3 Months - 14 Days

Place of Death, Give street and number. No 248 N Duhamel St

Cause of Death, First (Primary.) Congestion Brain
Second (Immediate.) Convulsions

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 14 1877

Undertaker, Wm L. Rummel M. D. Medical Attendant.

Place of Business, 1062 East Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19167

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 13, 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Maria Brooks

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age, _____ Years, 2 Months, _____ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number. } 304 North Ave.

Cause of Death, { First (Primary,) Second (Immediate,) } Indigestion
Acute Catarrh

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician

Place of Burial, Central Burial

Date of Burial, July 14 1877

Undertaker, Wm. A. Dwyer

Place of Business, No 62 East St

Address 13 N. Spring St

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore
Permit No. 19168

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 13th 1897

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Nellie Curtis

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years,

4

Months,

21

Days.

Color,

Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth) }

Baltimore City Md

Duration of Residence in the City of Baltimore,

During life

Place of Death, { Give street and number. }

207 W. Lombard or

Cause of Death, { First (Primary,) Second (Immediate,) }

Congestion Brain

Duration of Last Sickness,

14 days

All the above information should be furnished by the Physician

Place of Burial,

Laurel Cemetery

Date of Burial,

July 14th

O. A. Cooke

M. D.

Medical Attendant.

{ Undertaker,

Georg Davis

{ Place of Business,

103 Ler St

Address

Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 19169

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 13th - 77

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents }

Fredrick Rothert

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 73

Years,

10

Months,

25

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Widower

Occupation,

Farmer

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Hannover - Germany

Duration of Residence in the City of Baltimore,

9 years

Place of Death, { Give street and number. }

324 Michigan St.

Cause of Death, { First (Primary,) Second (Immediate,) }

Infirmity
Two weeks

Duration of Last Sickness,

All the above information to be furnished by the Physician.

Place of Burial,

St. John's Lutheran Church

Date of Burial,

July 15 - 1877

{ Undertaker,

Henry H. Leach

{ Place of Business,

309 Central Ave.

J. W. Brooke Byler M. D.
Medical Attendant.

Address 166 E. Eager St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 19170

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 18th 77

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Elizabeth Sheple.

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

/ Year,

/ Month,

Days.

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Balto City.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

97 Plum Alley.

Cause of Death, { First (Primary). Second (Immediate). }

Cholera Infantum

Duration of Last Sickness,

9 days

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore City

Date of Burial,

July 15th

Undertaker,

H. Brice

Place of Business,

Henrietta St 81

R. J. H. Tall M. D.
Medical Attendant.

Address

152 S. Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. *19171*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *July 13th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *James Smith*

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *7* Years, *1* Months, *7* Days.

Color, *White* Sex, *Male*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Mississippi*

Duration of Residence in the City of Baltimore, *5 Years*

Place of Death, { Give street and number. } *161 St Paul St*

Cause of Death, { First (Primary,) Second (Immediate,) } *Scarlatina Rheumatism Fever*

Duration of Last Sickness, *8 days*

All the above information should be furnished by the Physician.

Place of Burial, *Western Cemetery*

Date of Burial, *July 14th 1877*

Undertaker, *Jacob Weaver*

Place of Business, *No 6 Druid St*

Address

John Morris

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,
Permit No. 19172

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 13th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Mary Miller

Sex, Male or Female,

Cross out the word not required in this line.

Female

Age,

Years,

19

Months,

Days.

Color,

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Single

Occupation,

None

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Balt Md

Duration of Residence in the City of Baltimore,

Always

Place of Death,

Give street and number.

59 N Durham st

Cause of Death,

First (Primary.)

Second (Immediate.)

Inflammation

Duration of Last Sickness,

3 weeks

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore Cemetery

Date of Burial,

July 15th 1877

Undertaker,

W. A. Dages

Place of Business,

74 S. Broadway

Address

286 E. Baltimore

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 19173

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 12th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Almira Burton

Sex, ~~Male~~ or Female,

Cross out the word not required in this line.

Age,

Years,

Months,

21 Days.

Color,

white

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Balt. Med.

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

46 St. D. Whelan St.

Cause of Death,

First (Primary.)

Second (Immediate.)

Thrush.
Diarrhoeal

Duration of Last Sickness,

One week

All the above information should be furnished by the Physician

Place of Burial,

W. E. P. P. Co.

Date of Burial,

July 14th 1877

Undertaker,

W. A. H. H.

Place of Business,

74 N. Bine

G. H. Ruck

M. D.

Medical Attendant.

Address Balt. Med. Co.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 19174

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 14th July 1917

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Margie ~~Harriet~~ Turner

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 4 Months, 7 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

111 William St

Cause of Death, { First (Primary,) Second (Immediate,) }

Marasmus since birth

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

St. Alphonsus graveyard

Date of Burial,

15 July

{ Undertaker,

B. Harb

{ Place of Business,

111 South St.

Address

J. M. Hodge

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19175

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 13 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Geo Hagner Clarke

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age, _____ Years, _____ Months, 5 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word is not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 96 E. Lombard St

Cause of Death, { First (Primary,) Second (Immediate,) } Convulsions

Duration of Last Sickness, _____

All the above information should be furnished by the Physician

Place of Burial, Cathedral Church of Anne & Stephen W. D.

Date of Burial, July 18 1877

{ Undertaker, G. C. Rodenbayer

{ Place of Business, Emor St Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Sarah Casper Midwife [OVER.]

Permit No. 19176

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 13th 1877
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Richard Henry Hobbs
Sex, Male ~~or Female~~, { Cross out the word not required in this line. }
Age, 34 Years, Months, Days.
Color, Mulatto

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Waiter

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

West River Md

Duration of Residence in the City of Baltimore,

14 years

Place of Death, { Give street and number. }

35 W. Eager st

Cause of Death, { First (Primary,) Second (Immediate,) }

Organic Disease of Heart

Duration of Last Sickness,

about six weeks

All the above information should be furnished by the Physician.

Place of Burial,

Sharp & Cemetery

Date of Burial,

July 14th 1877

Undertaker,

Wm. P. Gray

Place of Business,

45 Mulberry St

Address

201 Madison Ave

P. H. Williams

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 19177

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *July 13th*
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Anna Dancy*
Sex, ~~Male~~ Female, { Cross out the word not required in this line. }
Age, *32* Years, _____ Months, _____ Days.
Color, *Col*
Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }
Occupation, *Cook*
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Maryland*
Duration of Residence in the City of Baltimore, *Native*
Place of Death, { Give street and number. } *54 Union St*
Cause of Death, { First (Primary.)
Second (Immediate.) } *Pulmonary Consumption*
Duration of Last Sickness, *Long Time*
All the above information should be furnished by the Physician.
Place of Burial, *Sharp St Cemetery*
Date of Burial, *July 15th 1877*
Mr Arthur M. D.
Medical Attendant.
Undertaker, *M. Schilling*
Place of Business, *Penn ave* Address *1472 Pearl St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 19178

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 12 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Anna Weber

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, — Years, 9 Months, 2 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } —

Occupation, —

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } city

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number. } 104 S Caroline St

Cause of Death, { First (Primary,) Acute Meningitis }
{ Second (Immediate,) }

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 14. 1877

{ Undertaker, Chas. Raskin } Address, —

{ Place of Business, 136 E. Bay St }

Medical Attendant, Abraham Arnold M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No. 19179

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 13 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } PARKER

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 27 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Non-Resident

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Ireland

Duration of Residence in the City of Baltimore, 29 Years

Place of Death, { Give street and number. } 108 Enoch St

Cause of Death, { First (Primary,) } Drowning
{ Second (Immediate,) }

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, July 13 1877

{ Undertaker, John T. Scriven

{ Place of Business, 271 N Eutaw St

Chas A Danvers M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 191811

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, Years, Months, Days.

Color,

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary.) Second (Immediate.) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

{ Undertaker, Place of Business, }

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 19181

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *July 14, 1877 - A.M.*
 Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Adam Miller*
 Sex, Male or ~~Female~~, { Cross out the word not required in this line. }
 Age, *37* Years, *6* Months, *13* Days.
 Color, *White* Sex, *Male*

Married, ~~Single~~, ~~Widow~~, ~~Orphan~~, { Cross out the words not required in this line. }
 Occupation, *Tanner & Currier*
 Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Germany*
 Duration of Residence in the City of Baltimore, *31 Years*
 Place of Death, { Give street and number. } *No. 6, Eden St. Court*
 Cause of Death, { First (Primary), Second (Immediate), } *Phtisis Pulmonalis*
 Duration of Last Sickness, *Unknown.*

All the above information should be furnished by the Physician.

Place of Burial, *Baltimore Cemetery W.W. White*
 Date of Burial, *July 15th* M. D.
 { Undertaker, *H. J. Wildfeld* Address *241 N. Broadway*
 { Place of Business, *90 Greenmount av*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *19183,*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 14th 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Edwin Oak Watson

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age,

Years,

6

Months,

7

Days.

Color,

White

Sex,

Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Philadelphia Pa.

Duration of Residence in the City of Baltimore,

3 months

Place of Death, { Give street and number. }

75 E Pratt St

Cause of Death, { First (Primary), Second (Immediate). }

Marasmus

Duration of Last Sickness,

several weeks

All the above information should be furnished by the Physician.

Place of Burial, *St. Cannel Cemetery*

D. Webster Cathell M. D.

Date of Burial,

July 15 1877

Medical Attendant.

{ Undertaker, }

Fry & Bro

Address

2 N Broadway.

{ Place of Business, *54 N Broadway* }

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19184

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *July 13th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Ray Buell*

Sex, Male or Female, { Cross out the word not required in this line. } *Female*

Age, *14* Years, *4* Months, *2* Days.

Color, *White* Sex, *Female*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Single*

Occupation, *Housekeeper*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore*

Duration of Residence in the City of Baltimore, *all her life*

Place of Death, { Give street and number. } *184 Green St. P. Thine*

Cause of Death, { First (Primary,) Second (Immediate.) } *Colic morbus*

Duration of Last Sickness, *8 days*

All the above information should be furnished by the Physician.

Place of Burial, *St. Peters Lane - 9th W. Ave* M. D.

Date of Burial, *July 15 - 1877* Medical Attendant.

{ Undertaker, *Black & Son*

{ Place of Business, *606 W. Baltimore St.* Address *No 606 W. Baltimore St.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 19185

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 14th July, 1877
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Lovedee Looker
Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }
Age, 40 Years, Months, Days.
Color, White.
Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }
Occupation,
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } N. Carolina
Duration of Residence in the City of Baltimore, 9 months
Place of Death, { Give street and number. } 250 Sharp St
Cause of Death, { First (Primary,) Phthisis Pulmonalis
Second (Immediate,) }
Duration of Last Sickness, Six months
All the above information should be furnished by the Physician
Place of Burial, N. Carolina
Date of Burial, July 13th 1877
Undertaker, Armstrong & Denny
Place of Business, No 263 Light St
Address 57 Barr St
H. W. Webster M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 830.

[OVER.]

Board of Health, City of Baltimore

Permit No. 19186

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 14th 1894

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Ellen Courtney

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 60 Years, — Months, — Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Cook

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Cockeysville, Md.

Duration of Residence in the City of Baltimore, 8 years

Place of Death, { Give street and number. } 54 E. Enoch St.

Cause of Death, { First (Primary), Second (Immediate), } Ascites

Duration of Last Sickness, 2 1/2 months

All the above information should be furnished by the Physician.

Place of Burial, Cockeysville

Date of Burial, July 15 1894

Undertaker, James D. Byrn

Place of Business, N. 63 N. Front St.

Amos H. Henshaw M. D.
Medical Attendant.

Address 133 E. Enoch St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 829

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19187

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

Color,

Married, ~~Single~~, ~~Widow~~, or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary),
Second (Immediate), }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

{ Undertaker,

{ Place of Business,

Address

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 19188

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 14. 1877

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

John Thomas

Sex, Male or Female,

{ Cross out the word not required in this line. }

Male

Age,

Years,

4

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Balt. County - Foundling

Duration of Residence in the City of Baltimore,

3 weeks

Place of Death,

{ Give street and number. }

St. Vincent's Infant Asylum

Cause of Death,

{ First (Primary,) }

{ Second (Immediate,) }

Cholera Infantum

Convulsion

Duration of Last Sickness,

1 day

All the above information should be furnished by the Physician.

Place of Burial,

Cathedral Cemetery

Date of Burial,

July 16. 1877

Undertaker,

Sam'l Bowen

Place of Business,

156 Division St.

Address

201 W. Biddle St.

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *19189*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *July 13th 1877*

Full Name of Deceased, *Thomas Sims*
{ Write legibly and spell correctly. If an infant not named, give names of parents. }

~~Sex~~, Male or Female, *Male* { Cross out the word not required in this line. }

Age, *1* Years, *10* Months, *10* Days.

Color, *C*

Married, Single, Widow or Widower, *Single* { Cross out the words not required in this line. }

Occupation, *None*

Birthplace, *Baltimore* { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, *Lifetime*

Place of Death, *61 Perry St* { Give street and number. }

Cause of Death, *Whooping Cough*
Congestion lungs
3 days { First (Primary.) Second (Immediate.) }

Duration of Last Sickness, *3 days*

All the above information should be furnished by the Physician

Place of Burial, *Greenwood Cemetery*

Date of Burial, *July 14th*

Undertaker, *Wm. J. Adams*

Place of Business, *369 N. Lombard*

A. W. C. Colburn M. D.
Medical Attendant.

Address *369 N. Lombard*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 19190

OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years,

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial,

Date of Burial,

{ Undertaker,

{ Place of Business,

Address

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Transit 831

Board of Health, City of Baltimore

Permit No. 19191

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 14th

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Annie Leeley

Sex, ~~Male~~ or Female,

Cross out the word not required in this line.

Age,

Years,

4 Months,

Days.

Color,

White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Balti

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

195 Hollins

Cause of Death,

First (Primary.)

Second (Immediate.)

Cholera Infantum

Duration of Last Sickness,

1 week

All the above information should be furnished by the Physician.

Place of Burial,

St Peter's Church

Date of Burial,

July 15

Undertaker,

J. B. Cook

Place of Business,

707 West Baltimore

Address

279 W. Lombard

Edw. F. Nicholson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No. *19192*

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

14th. July 1877

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Eva Luxasiewicz

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Age,

—

Years,

1

Months,

—

Days.

Color,

white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Baltimore. City

Duration of Residence in the City of Baltimore,

during Lifetime

Place of Death,

{ Give street and number. }

S. Register Street 179

Cause of Death,

{ First (Primary.)
Second (Immediate.) }

*Hydrocephalus
Convulsiones
5 days*

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

S. Thomas Cemetery William Hensel

Date of Burial,

July 15th

M. D.

Medical Attendant.

{ Undertaker,

Leonhard Vipper

{ Place of Business,

S. Bond St. No. 278

Address

S. Wolf St. 117

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 19193

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurate and complete, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 14th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Florence Beale

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

Years,

8 yrs

Months,

Days.

Color,

white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

227 E. Pratt St.

Cause of Death, { First (Primary.)
Second (Immediate.) }

Premature birth (want of vitality)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Methodist Cemetery

Date of Burial, July 15/77

{ Undertaker,

Hughes & Co

{ Place of Business, 65 S. Broadway

Address

117 O. Broadway

W. W. Mansfield M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 19194

OFFICE OF REGISTRAR OF VITAL STAT

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 14th 1877

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. Mary Hinkleman

Sex, Male or Female, Cross out the word not required in this line. Female

Age, 58 Years, — Months, — Days.

Color, White Sex, Female

Married, Single, Widow or Widower, Cross out the words not required in this line. Widow

Occupation, —

Birthplace, State or country (and how long in the United States, if of foreign birth.) Germany

Duration of Residence in the City of Baltimore, 47 years

Place of Death, Give street and number. 216 East Chase Street

Cause of Death, First (Primary.) Insufficiency of mitral valve
Second (Immediate.) cannot say definitely, sudden death

Duration of Last Sickness, Eighteen (18) months

All the above information should be furnished by the Physician.

Place of Burial, Albion Cemetery

Date of Burial, July 16 1877 Sir Selous M. D.
Medical Attendant.

Undertaker, Henry Hoeck Address 29 S. Sharp St

Place of Business, 309 Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No. 19195

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 14th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Henry D. Gibson

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 30 Years, Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Clerk

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Balt. Co. Md.

Duration of Residence in the City of Baltimore, 3 yrs

Place of Death, { Give street and number. } Baltimore Infirmary

Cause of Death, { First (Primary,) Pistol wound in the brain
Second (Immediate,) arteria

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, St. Pauls Cemetery

Date of Burial, 15th July 1877

{ Undertaker, J. W. Smith's Son
Place of Business, 16 Light St }

Address Univ. Hospital

T. A. Ashby M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No. 19196

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 14

Full Name of Deceased, { Write legibly and fill correctly. If an infant not named, give names of parents. }

John Snyder

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years,

11

Months,

7

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

Since Birth

Place of Death, { Give street and number. }

2 Barney St.

Cause of Death, { First (Primary.) Second (Immediate.) }

Whooping Cough
Tubercular Meningitis
3 Weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial,

Western Cemetery

Date of Burial,

July 16

{ Undertaker,

B. Thiele

{ Place of Business,

411 Light Street

Address

116 Harrison St

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No. 19197

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 13th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lizzie Bryan

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, Years, 6 Months, Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, none

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } 80 N. Ruthe Balt Md

Duration of Residence in the City of Baltimore, Always

Place of Death, { Give street and number. } 80 N. Ruthe

Cause of Death, { First (Primary,) Cholera Infantum & Whooping Cough. }
{ Second (Immediate,) }

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, July 16 1877

{ Undertaker, Theo Locks } John Honner M. D. Medical Attendant.

{ Place of Business, 56 Jefferson } Address 286 E. Balt st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 19198

OFFICE OF REGISTRAR OF VITAL STAT

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 15 - 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents }

Bridget Brady

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 73 Years,

Months,

Days.

Color,

11

Married, ~~Single~~, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Ireland

Duration of Residence in the City of Baltimore,

30 years

Place of Death, { Give street and number. }

206 Park ad

Cause of Death, { First (Primary,) Second (Immediate,) }

old age

Duration of Last Sickness,

in bed 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, July 16 1877

C. W. Winckler M. D.
Medical Attendant.

{ Undertaker, James D. Byrne

{ Place of Business, No 63 N Front St

Address

28 W Calver St
Back

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 19199

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cemetery

Date of Burial, July 16th

{ Undertaker, J. J. Grylls

{ Place of Business, Broadway & Gayette

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 19200

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 14 77

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

John Joseph Walsh

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

3 Years,

9 Months,

19 Days.

Color,

W.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Balto

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

441 Coop

Cause of Death, { First (Primary,) Second (Immediate,) }

Scarlatina maligna

Duration of Last Sickness,

2 days

All the above information should be furnished by the Physician.

Place of Burial,

New Cathedral cemetery

Date of Burial,

July 16 1877

Undertaker,

Charles F. Herold

Place of Business,

161 Hanover

Address

L. L. Lillard M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 19201

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents.

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, Years,

Months, 12 Hours, Days.

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary), Second (Immediate), }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

{ Undertaker, }

{ Place of Business, }

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 192112

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 15, 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary A. F. H. M. Watson

Sex, Male ~~or Female~~, { Cross out the word not required in this line. } Female

Age, Years, Months, 12 Weeks Days

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 67 E. Monument St

Cause of Death, { First (Primary) Second (Immediate) } Premature Birth (7 mos)

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, St. Vincent's

Copied

Date of Burial, July 16, 1877

Edward M. Devitt M. D.

Undertaker, W. H. Watson

Medical Attendant

Place of Business, 67 E. Monument

Address 137, N. Exeter St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

This is a copy of the preceding certificate as that one bears

Board of Health, City of Baltimore,

Permit No. 19203,

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 15th 1897

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Henrietta Gray

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 2 Years,

Months,

Days.

Color,

Col

Sex,

Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Peach City Mo 10

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Peach City Mo 7

Cause of Death, { First (Primary,) Second (Immediate.) }

Whooping Cough

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Auburn Cemetery

Date of Burial, July 18th 1897

{ Undertaker, Theodore E. Loebe

{ Place of Business, 56 E. Jefferson St

Address 260 South Euter St

City

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. *19204*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 10th, 1897

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Grace Edna Wands.

Sex, ~~Male~~ or Female,

Cross out the word not required in this line.

Age,

Years,

4 Months,

24 Days.

Color,

White

Sex,

Female

~~Married~~, Single, ~~Widow~~ or ~~Widower~~,

Cross out the words not required in this line.

Occupation,

Infant

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore

Duration of Residence in the City of Baltimore,

Whole life

Place of Death,

Give street and number.

272 S. Central Ave.

Cause of Death,

First (Primary),

Dentition

Second (Immediate)

Congestion of Brain.

Duration of Last Sickness,

four days.

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore Cemetery

W. R. Way

M. D.

Date of Burial,

July 16th

Medical Attendant.

Undertaker,

J. N. Toll

Address

29 S. Broadway

Place of Business,

131 Hanover St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 19205

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *Calunday - July 14 - 1877*
Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. *Martha B. Lanier*
Sex, ~~Male~~ or Female, Cross out the word not required in this line. *Female*

Age, *29* Years, _____ Months, _____ Days.

Color, *White* Sex, *Female*

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, Cross out the words not required in this line. *Single*

Occupation, *Laundry*

Birthplace, State or country (and how long in the United States, if of foreign birth.) *Alabama*

Duration of Residence in the City of Baltimore, *11 years*

Place of Death, Give street and number. *Chapel & Jones Infirmary N. Broadway*

Cause of Death, First (Primary),
Second (Immediate), *Cancer* *of what?*

Duration of Last Sickness, _____

All the above information should be furnished by the Physician.

Place of Burial, *Green Mt. Cemetery* *A. B. Garvin* M. D.

Date of Burial, *16th July 1877* *A. B. Garvin* Medical Attendant.

Undertaker, *Hy. W. Jenkins & Son* Address *Chapel & Jones Infirmary*

Place of Business, *16 Light St.* *N. Broadway*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 19206

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *July 15th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Frederick Bach*

Sex, Male ~~Female~~, { Cross out the word not required in this line. }

Age, *11* Years, *11* Months, *—* Days.

Color, *white*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, *—*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore City*

Duration of Residence in the City of Baltimore, *Life*

Place of Death, { Give street and number. } *44 S. Durham St*

Cause of Death, { First (Primary) Second (Immediate) } *Scutiger Chol Infantum*

Duration of Last Sickness, *all its Life more or less*

All the above information should be furnished by the Physician

Place of Burial, *St. Alphonsus*

Date of Burial, *Dec 16th 1877* *St. Vincent & Thomas* M. D.

Undertaker, *A. Kohler*

Place of Business, *244 E. Lombard St*

*Commissioner of Health
& Registrar*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by A. Kohler Undertaker [OVER.]

Board of Health, City of Baltimore

Permit No. 192117

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 15, 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

May Ellen Anderson

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age,

Years,

5

Months,

2

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Philadelphia

Duration of Residence in the City of Baltimore,

4 mos.

Place of Death, { Give street and number. }

328 Franklin St.

Cause of Death, { First (Primary.)
Second (Immediate.) }

Marasmus
arteria

Duration of Last Sickness,

6 weeks

All the above information should be furnished by the Physician.

Place of Burial,

St. Mary's Cathedral

Date of Burial,

July 16, 1877

Marbury Brewer

M. D.

Medical Attendant.

{ Undertaker,

Wm. H. H. H.

{ Place of Business,

211 N. Holliday St.

Address 201 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 19218

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 15th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Julia Ann Brown

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Thirty-five Years, Months, Days.

Color, African

Sex, Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Widow

Occupation, Washwoman and house servant

Birthplace, { State or country (and how long in the United States, if of foreign birth. } A. a village Cal. Trop. Edu. Soc. of Md.

Duration of Residence in the City of Baltimore, About 13 years

Place of Death, { Give street and number. } No. 58 Mullican St. (in rear)

Cause of Death, { First (Primary,) Exposure and other causes in the summer }
{ Second (Immediate,) } Scrofula

Duration of Last Sickness, About 3 months

All the above information should be furnished by the Physician.

Place of Burial, Calles St. Enatt A. J. Ford

M. D.

Date of Burial, The 1st of Lockes

Medical Attendant.

{ Undertaker, John W. Lockes

{ Place of Business, Wolf St

Address 75 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. *19209*

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 16th 1897

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents.

Anna Josephine Claus

Sex, *Male* or Female, Cross out the word not required in this line.

Age,

Years,

Months,

Days.

Color,

white

Sex,

Married, Single, Widow or Widower, Cross out the words not required in this line.

Occupation,

Birthplace, State or country (and how long in the United States, if of foreign birth.)

N. J.

Duration of Residence in the City of Baltimore,

Place of Death, Give street and number.

Albemarle St No. 11

Cause of Death, First (Primary,) Second (Immediate.)

*Tubercular meningitis
convulsions*

Duration of Last Sickness,

6 days

All the above information should be furnished by the Physician.

Place of Burial,

St Alphonsus

Date of Burial,

July 17th

G. Lieberman

M. D.

Medical Attendant.

Undertaker,

Robert Kunkel

Place of Business,

60 Park St

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 19210

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 15th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Benny Inglart

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, _____ Years, 2 Months, _____ Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Balto City

Place of Death, { Give street and number. } 97 S. Hall St

Cause of Death, { First (Primary) Second (Immediate) } Whooping Cough
Convulsions

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician

Place of Burial, St. Mathewse

Date of Burial, July 16th 1877 James H. Stenhouse M. D.

Undertaker, Hughes & Co

Place of Business, Broadway Address Commis of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Hughes & Co Undertaker

Board of Health, City of Baltimore,

Permit No. 19212

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 15th 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Anna M. Donald

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, Three Years,

five

Months,

Twenty Six Days.

Color,

White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

100 W Pratt St,

Cause of Death, { First (Primary.)
Second (Immediate.) }

Diphtheria

Convulsions

Two weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, July 17th 1877

{ Undertaker, Jos Loane & Sons

{ Place of Business, 308 W Billo St

J. G. Livingston M. D.
Medical Attendant.

Address # 584 W Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. **19213**

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 16th 1877

Full Name of Deceased,

Elizabeth Allen

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age,

89

Years,

4

Months,

Days.

Color,

White

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)}

Baltimore Maryland

Duration of Residence in the City of Baltimore,

her whole life

Place of Death, {Give street and number.}

*217 Linden Avenue
Old age*

Cause of Death,

{First (Primary),
Second (Immediate),

Duration of Last Sickness,

Bedrid for several years

All the above information should be furnished by the Physician.

Place of Burial,

Green Mount

Date of Burial,

July 16, 1877

{Undertaker,

Wm. G. G. & Son

{Place of Business,

111 Avenue St.

Wm. Peter Webb M. D.
Medical Attendant.

Address *217 Linden Ave*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 19214

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 13th - 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Perilla Maydon

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 50 Years,

Months, Days.

Color, ~~Cold~~

Sex, female

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Richmond Co. Va.

Duration of Residence in the City of Baltimore,

One month

Place of Death, { Give street and number. }

46 St Mary St

Cause of Death, { First (Primary,) Second (Immediate.) }

Erysipelas

Duration of Last Sickness,

9 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

S. F. Gaynor

M. D.

Date of Burial, July 16th 1877

Medical Attendant.

{ Undertaker,

Wm. J. Gray

Address

134 N High St

{ Place of Business, 15 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 19215

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 15

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. George Washington Queen

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 14 Years, — Months, — Days.

Color, colored Sex, Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 14 Pattersons Lane

Cause of Death, {First (Primary,)} Enterocolitis
{Second (Immediate.)} Brain Complication

Duration of Last Sickness, 34 Hrs
All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 16th 1877

{ Undertaker, Wm. J. Gray

{ Place of Business, 115 Mulberry St

Chas E Sadler M. D.
Medical Attendant.

Address 649 Penna Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore

Permit No. *19216*

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *July 13th 1877*

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. *Ellen M. Williams*

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, *Twenty six* Years, *ten* Months, *twenty* Days.

Color, *White*

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, *None*

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} *Baltimore Md*

Duration of Residence in the City of Baltimore, *Two weeks*

Place of Death, {Give street and number.} *216 North Broadway*

Cause of Death, {First (Primary,) Second (Immediate,)} *Consumption*

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, *Baltimore Greenbury*

Date of Burial, *July 16th 1877*

{ Undertaker, *M. A. Dwyer*

{ Place of Business, *74 S. Broadway*

Hilton A. Taylor

M. D.

Medical Attendant.

Address *Lower Broadway 1st Eddy*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. *19217*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 15th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

William Vogel

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Male

Age, *One* Year, *7* Months, *_____* Days.

Color,

White

~~Married, Single, Widowed or Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore City

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give street and number. }

No 196 Chapel St

Cause of Death, { First (Primary,) Second (Immediate,) }

Pneumonia

Duration of Last Sickness,

Three weeks

All the above information should be furnished by the Physician.

Place of Burial, *North Cemetery*

Date of Burial, *July 16th 1877*

{ Undertaker, *H. Froehlich*

{ Place of Business, *246 Eastern Ave*

Thomas J. Evans M. D.
Medical Attendant.

Address *No 18 Jackson Place*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19218

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 15th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Estheria Weitzell

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, _____ Years, _____ Months, 5 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 142 S. Register St

Cause of Death, { First (Primary.) Premature Birth
Second (Immediate.)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician

Place of Burial, Mt Carmel C. J. M. D.

Date of Burial, July 16th 1877

{ Undertaker, H. Froelich

{ Place of Business, 193 S. Chester St

Commissioner of Health
Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Signature of Mrs E. Gray Midwife [OVER.]

Board of Health, City of Baltimore

Permit No. **19219**

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 15th 1877

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Eva Gilman

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Age,

Years,

4

Months,

7

Days.

Color, **Black**

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

4 months & 17 days

Place of Death,

{ Give street and number. }

No 304 My Duhamel St

Cause of Death,

{ First (Primary.) }

{ Second (Immediate.) }

Cholera Infantum

Duration of Last Sickness,

4 weeks

All the above information should be furnished by the Physician

Place of Burial,

Dallas Cem

Date of Burial,

July 16th 1877

Undertaker,

John W. Sox

Place of Business,

51 S. Wolfe St

Wm. L. Rumbaugh M. D.
Medical Attendant.

Address

Broadway & Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 19220

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 15th

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

G. Green.

Sex, Male or Female,

Cross out the word not required in this line.

Female.

Age,

Years,

2.

Months,

16. Days.

Color,

Cherished

~~Married~~, Single, ~~Widow~~ or ~~Widower~~,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Clayton Row. B.

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

Clayton Row.
Whooping cough

Cause of Death,

First (Primary.)

Second (Immediate.)

Duration of Last Sickness,

Two weeks.

All the above information should be furnished by the Physician.

Place of Burial,

General cemetery

Date of Burial,

July 16th 1897

Undertaker,

Place of Business,

J. B. Jordan
65 North Ave.

G. W. Smith

M. D.

Medical Attendant.

Address

As President & Secretary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore
Permit No. 19221

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

15th July 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Margaret Agnes Kniff

Sex, Male or Female,

Cross out the word not required in this line.

Age,

One

Years,

5

Months,

Days.

Color,

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore

Duration of Residence in the City of Baltimore,

one year & 5 months

Place of Death,

Give street and number.

No. 157 E. Biddle

Cause of Death,

First (Primary.)

Second (Immediate.)

Cholera, Infantum
Convulsion

Duration of Last Sickness,

4 days

All the above information should be furnished by the Physician.

Place of Burial,

St. Michael's Church

Date of Burial,

July 16, 1877

Undertaker,

M. France

Place of Business,

2811 Canton Ave

Address

Broadway

Madison St.

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19222

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July - 15th 1894

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

John Goreh

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age, Years,

2

Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Place of Birth, { State or country (and how long in the United States, if of foreign birth.) }

Balt.

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give street and number. }

38 Harrison St

Cause of Death, { First (Primary.) Second (Immediate.) }

Syphilis
mal-nutrition
Life

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

St. Johns

Date of Burial,

July 15 1894

Undertaker,

H. Boyman

Place of Business,

45 Bly St

Address

245 Madison Ave

H. S. Latimer

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19223,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Sex, Male or Female,

Cross out the word not required in this line.

Age,

2

Years,

3

Months,

6

Days.

Color,

White

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

78 Ridgely St

Cause of Death,

First (Primary.)

Second (Immediate.)

Diphtheritic Scarlatina

Duration of Last Sickness,

3 days

All the above information should be furnished by the Physician.

Place of Burial,

St. Stephens grave yard

Date of Burial,

July 17.

Undertaker,

B. Karle

Place of Business,

No. 411 Lombard.

Geo L. Rice

M. D.

Medical Attendant.

Address

37 Druid Hill Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 19224

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 16 - 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } Samuel Mcke

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 8 Years, 2 Months, Days.

Color, White Sex, Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, during

Place of Death, { Give street and number. } 57 Pearl St.

Cause of Death, { First (Primary,) Diphtheria
Second (Immediate,) }

Duration of Last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, London Park

I saw him first as death commenced

Date of Burial, 17 July

J. C. Harris M. D.
Medical Attendant.

{ Undertaker, John Teufel

{ Place of Business, 616 W Baltimore St

Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19225

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 16/77

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Henry Hamm

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years,

11

Months,

5

Days.

Color,

white

Sex,

male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Harford Ave

Cause of Death, { First (Primary),
Second (Immediate), }

Cholera Infant.

Exhaustion

Duration of Last Sickness,

14 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery.

Date of Burial, July 17th 1877

J. L. Liburn M. D.
Medical Attendant.

{ Undertaker, Wm. H. Hickman

{ Place of Business, 234 Ch. Gay St.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore

Permit No. 19226

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 16. 77

Full Name of Deceased,

Francis Hawk

Sex, Male or Female,

Female

Age,

Thirty nine

Years,

Color,

White

Months,

Days.

Married, Single, Widow or Widower,

Married

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Germany

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

384 Alice Ave St.

Cause of Death,

First (Primary),
Second (Immediate),

Cholera

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

St. Alphonsus

Date of Burial,

17th July

Undertaker,

Place of Business,

100 S. Light

Address

J. C. Ireland M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 19227

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 16 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } Lottie Washington

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age, Years, Six Months, 15 Days.

Color, colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, during life

Place of Death, { Give street and number. } 214 Raby St.

Cause of Death, { First (Primary,) Cholera Infantum
Second (Immediate,) }

Duration of Last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 17th 1877

Undertaker, Wm. J. Gray

Place of Business, 65 Mulberry St.

Address, 1436 Lexington St.

I first called to see the ^{above} ~~deceased~~ ^{deceased} ~~body~~ ^{body} ~~last~~ ^{last} ~~time~~ ^{time} before

J. B. Harris M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19228

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 15 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Lizzie Duncan

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 25 Years,

Color, Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 10 years

Place of Death, { Give street and number } No. 1 State St.

Cause of Death, { First (Primary,) Second (Immediate,) } Pyæmia

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Cathedral Cemetery

Date of Burial, July 17th 1877

{ Undertaker,

{ Place of Business, 63 Mulberry St.

Dr. S. S. S. M. D. Medical Attendant.

Address 183 W. Pratt St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

[OVER.]

Board of Health, City of Baltimore,

Permit No. 19229

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 15th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } *Gertrude Raible*

Sex, Male or Female, { Cross out the word not required in this line. } *Female*

Age, 20 Years, Months, Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Single*

Occupation, *House servant*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Germany*

Duration of Residence in the City of Baltimore, *Five years*

Place of Death, { Give street and number. } *Hebrew Hospital*

Cause of Death, { First (Primary,) Second (Immediate,) } *Typhoid fever*
Cholera

Duration of Last Sickness, *fourteen days*

All the above information should be furnished by the Physician.

Place of Burial, *St. Michael Cemetery*

Date of Burial, *July 17. 1877*

Undertaker, *Chas. Rosenberg*

Place of Business, *136 E. Fayette*

Address *St. A. Peter St.*

M. D. *A. S. Williams*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19230

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 17 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

John Louis Pitt Plietnas

Sex, Male or Female,

Cross out the word not required in this line.

Age,

3

Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

Clay 56

Cause of Death,

First (Primary.)

Second (Immediate.)

Scarlet Fever

Albuminuria

Duration of Last Sickness,

5 weeks

All the above information should be furnished by the Physician.

Place of Burial,

Baltic Cemetery

Date of Burial,

July 18 4 O'clock 1877

Undertaker,

Henry Meyer

Place of Business,

106 W. Howard St

Address

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19231

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 15th 1877
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Elizabeth Sapp.
Sex, Male or Female, { Cross out the word not required in this line. } Female
Age, Years, 2 Months, 16 Days.
Color, white
Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single
Occupation, none
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Balt Md
Duration of Residence in the City of Baltimore, since birth
Place of Death, { Give street and number. } 1280 S. Ann St
Cause of Death, { First (Primary,) } Channulion
{ Second (Immediate,) }
Duration of Last Sickness, From birth
All the above information should be furnished by the Physician.
Place of Burial, Baltimore Cemetery
Date of Burial, July 17, 1877
{ Undertaker, H. A. Dwyer }
{ Place of Business, 74 S. Broadway }
John T. Bonner M. D.
Medical Attendant.
Address 286 E. Balt St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 19232

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 16th 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Blanche Cockrill*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } *Female*

Age, *1* Years, *10* Months, *6* Days.

Color, *White* Sex, *Female*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Infant*

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore City Md.*

Duration of Residence in the City of Baltimore, *Since birth*

Place of Death, { Give street and number. } *326 E. Baltimore St.*

Cause of Death, { First (Primary,) Second (Immediate,) } *Scarlet Fever*

Duration of Last Sickness, *12 Days*

All the above information should be furnished by the Physician.

Place of Burial, *Greenmount Cemetery*

Date of Burial, *July 18. 1877*

{ Undertaker, *M. A. Daizer*

{ Place of Business, *74 S. Broadway* Address *33 S. Broadway*

Jas. J. Cockrill M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 19233

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 16th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Blanche, Eva. Miller

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 3

Years, 7

Months, _____

Days, _____

Color, White

Sex, Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Balt - City

Duration of Residence in the City of Baltimore, _____

Place of Death, { Give street and number. }

504 E Fayette st

Cause of Death, { First (Primary,)

Second (Immediate,)

Scarlet Fever

Duration of Last Sickness, Seven days

All the above information should be furnished by the Physician.

Place of Burial, M. E. G. Field Pond

Date of Burial, July 18

{ Undertaker, Fry & Co

{ Place of Business, 34th Broadway

Address 134 N High

S. F. Coynner

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

No. 19234

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 16 1894

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Mertue Estelle Smith

Sex, ~~Male~~ or Female,

{Cross out the word not required in this line.}

Age,

Years,

Months,

Days,

28

Color,

Colored

~~Married, Single, Widow or Widower,~~

{Cross out the words not required in this line.}

Occupation,

Birthplace,

{State or country (and how long in the United States, if of foreign birth.)}

185 Henratta St

Duration of Residence in the City of Baltimore,

Life

Place of Death,

{Give street and number.}

185 Henratta St

Cause of Death,

{First (Primary), Second (Immediate),}

Atletasia Pulmonum

Duration of Last Sickness,

Life

All the above information should be furnished by the Physician.

Place of Burial,

Laurel Cemetery

Date of Burial,

July 17 1894

{ Undertaker,

W. H. Chase

{ Place of Business,

185 Howard St

Geo. H. Brown M. D.

Medical Attendant.

Address

144 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 19235

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 13th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give name of parents.

Edward Thomas

Sex, Male or Female,

Cross out the word not required in this line.

Male

Age,

60

Years,

Months,

Days.

Color,

Mulatto

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Married

Occupation,

Gen. Laborer

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Kent Co. Maryland

Duration of Residence in the City of Baltimore,

13 yrs.

Place of Death,

Give street and number.

147 Saratoga St

Cause of Death,

First (Primary.)

Second (Immediate.)

Apoplexy

Duration of Last Sickness,

One day

All the above information should be furnished by the Physician.

Place of Burial,

St. James St Cemetery

Date of Burial,

July 17th 1877

H. F. Hill

M. D.

Medical Attendant.

Undertaker,

W. H. Thomas

Place of Business,

145 Howard St

Address

115 N. Fremont St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19236

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *14 July 1/2 past 11 o'clock A.M.*
 Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. *Roberta West*
 Sex, ~~Male~~ Female, Cross out the word not required in this line. *Female*
 Age, *26* Years, *3* Months, *4* Days.
 Color, *Black* Sex, *Female*
 Married, Single, Widow or Widower, Cross out the words not required in this line. *Widow*
 Occupation, *Cook*
 Birthplace, State or country (and how long in the United States, if of foreign birth.) *A. A. County Md.*
 Duration of Residence in the City of Baltimore, *8 years*
 Place of Death, Give street and number. *7 Cambridge Lane*
 Cause of Death, First (Primary), Second (Immediate.) *Consumption*
 Duration of Last Sickness, *3 months*

All the above information should be furnished by the Physician.

Place of Burial, *Springfield* *C. C. Richardson M. D.*
 Date of Burial, *July 17 1891* Medical Attendant.
 Undertaker, *W. S. Chase* Address *302 W. Lombard St*
 Place of Business, *118 S. Newmarket*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

No. 19237

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 17. 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Paul

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age,

Supposed ~~Female~~

3 weeks Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Foundling

Duration of Residence in the City of Baltimore, Home

3 days

Place of Death, { Give street and number. }

St. Vincent's Infant Asylum.

Cause of Death, { First (Primary,) Second (Immediate,) }

Marasmus

Exhaustion

Duration of Last Sickness,

Dying when admitted

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, July 18. 1877

Undertaker, Paul Brown

Place of Business, 158 Division St.

Marbury Brewer

M. D.

Medical Attendant.

Address 281 W. Middle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

No. 19238

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 16, 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

George Smith

Sex, Male or Female, { Cross out the word not required in this line. }

male

Age,

Years,

Months,

Days.

Color,

white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Formalizing

Duration of Residence in the City of Baltimore, { Cross out the words not required in this line. }

about 2 weeks

Place of Death, { Give street and number. }

St. Vincent's Infants Asylum

Cause of Death, { First (Primary,) Second (Immediate,) }

Marasmus

Exhaustion

Duration of Last Sickness,

When received

All the above information should be furnished by the Physician.

Place of Burial, { Cross out the words not required in this line. }

Cathedral Cemetery

Date of Burial, July 18, 1877

Marbury Brewer M. D.
Medical Attendant.

Undertaker, Saml. Bowen

Place of Business, 153 Division St.

Address 201 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19239

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 17

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

May Weiss

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

Years,

Months,

19

Days.

Color,

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

256 Bond St.

Duration of Residence in the City of Baltimore,

Lifetime

Place of Death,

{ Give street and number. }

256 Bond St.

Cause of Death,

{ First (Primary,) }

{ Second (Immediate,) }

malnutrition

Duration of Last Sickness,

Lifetime

All the above information should be furnished by the Physician.

Place of Burial,

Western Cemetery

Date of Burial,

July 18th 1877

{ Undertaker,

J. Kessler.

{ Place of Business,

454 a. McDonough St.

Address

341 N. Broadway

W. W. White, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19240

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 16 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Edna G. Blessing

Sex, Male or Female, { Cross out the word not required in this line. }

F

Age, Years,

9

Months,

Days.

Color,

W.

Sex,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

City.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

191 Aisquith St.

Cause of Death, { First (Primary,) Second (Immediate,) }

Meningitis
Ulcerative Stomatitis.

Duration of Last Sickness,

9 days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial,

July 17 1877

H. F. Reinolds,

M. D.

Medical Attendant.

{ Undertaker, Wm. H. Hickman

Address

186 Aisquith St.

{ Place of Business, 234 N. Gay St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 19241

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 16th 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Frank Strinsky

Sex, Male or Female, { Cross out the word not required in this line. }

Age, _____ Years, Seven Months, Eight Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Balto. city

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

948 W. Pratt St.

Cause of Death, { First (Primary), Second (Immediate). }

Whooping Cough and Cholera Infantum
Convulsions
Three weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus cemetery

Date of Burial, July 18th 1877

Undertaker, J. B. Cook

Place of Business, No 707 W. Baltimore street

J. P. J. Lintner M. D.
Medical Attendant.

Address # 584 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 19242

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

7th mo 17th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Charles W. Bancroft

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age, 2 Years,

5 Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore,

Duration of Residence in the City of Baltimore,

during life

Place of Death, { Give street and number. }

22 East Fayette St.

Cause of Death, { First (Primary,) Second (Immediate,) }

congestions Brain

Duration of Last Sickness,

22 hours

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, July 19th 1877

Undertaker, John A. Weaver

Place of Business, #22 W. Fayette St.

W. Riley

M. D.

Medical Attendant.

Address 47 Lexington St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 19243

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Sex, Male or Female,

Cross out the word not required in this line.

Age,

Years,

Months,

Days.

Color,

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

Cause of Death,

First (Primary),

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial,

Date of Burial,

Undertaker,

Place of Business,

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19244

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 16th 1877

Full Name of Deceased, Charles Hanson

Sex, Male or Female, Male

Age, 37 Years, Months, Days.

Color, White

Married, Single, Widowed or Widower, Single

Occupation, Sailor

Birthplace, Copenhagen, Denmark

Duration of Residence in the City of Baltimore, 20 years

Place of Death, 28 Fellows Street, Strangulated Hernia

Cause of Death, First (Primary), Hernia strangulated

Second (Immediate), died in prostration after the operation

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, 18 July 1877

Undertaker, John P. Schuch

Place of Business, 265 Mulberry Street

Address

John P. Schuch M.D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No.

19245

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 17

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Joseph Hickey

Sex, Male or Female,

Cross out the word not required in this line.

Age,

1

Years,

7

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore

Duration of Residence in the City of Baltimore,

Since Birth

Place of Death,

Give street and number.

555 Light St

Cause of Death,

First (Primary),
Second (Immediate),

Phthisis

Duration of Last Sickness,

6 months

All the above information should be furnished by the Physician

Place of Burial,

Green Hill Cemetery, Shroton Road, Code

Date of Burial,

July 18 1894

M. D.

Medical Attendant.

Undertaker,

John H. Hickey

Address

146 Hanover St

Place of Business,

150 Camden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19246

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 16th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Cornelius Ryan

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Seventy Nine Years,

Months,

Days.

Color, White

Married, Single, Widowed, { Cross out the words not required in this line. }

Occupation, Collector

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Ireland Co. Tipperary

Duration of Residence in the City of Baltimore, Sixty years

Place of Death, { Give street and number. } 1224 Constitution St

Cause of Death, { First (Primary,) Phthisis Pulmonalis
Second (Immediate,) Diarrhea

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, St Patrick's cemetery

Date of Burial, July 18 1877

{ Undertaker, James P. Byrne

{ Place of Business, No 63 N. Front St

J. H. P. M. D.

Medical Attendant.

Address 1116 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19247

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 17th 1877
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joseph A. Thomas
Sex, Male or Female, { Cross out the word not required in this line. } Male
Age, 21 Years, Months, Days.
Color, White
Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single
Occupation, Clerk
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore
Duration of Residence in the City of Baltimore, Life
Place of Death, { Give street and number. } Washington Monument
Cause of Death, { First (Primary,) } Drowning
{ Second (Immediate,) }
Duration of Last Sickness, Three Weeks
All the above information should be furnished by the Physician.
Place of Burial, Cathedral Cemetery
Date of Burial, July 18 1877
Undertaker, James O. Byrne
Place of Business, No 63 N. Front St.
Address, L. H. Preston M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19248

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 17th 1877

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. Annie Groves

Sex, ~~Male~~ Female, Cross out the word not required in this line.

Age, _____ Years, 2 Months, _____ Days.

Color, white

Married, Single, Widow or Widower Cross out the words not required in this line.

Occupation,

Birthplace, State or country (and how long in the United States, if of foreign birth)

Duration of Residence in the City of Baltimore.

Place of Death, Give street and number 382 N. Washington St.

Cause of Death, First (Primary), Second (Immediate), Summer Complaint

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician

Place of Burial, St. Matthews Church

Date of Burial, July 18th 1877

Undertaker, H. H. Hoagman

Place of Business, 49 N. Eden St. Address, Commis of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information to be furnished to Coroner's Office

[OVER.]

Board of Health, City of Baltimore,

Permit No. 19249

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 17 - 1899

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

John Y. Better

Sex, Male or Female,

Cross out the word not required in this line.

Age,

Forty-five Years,

Months,

Days.

Color,

White

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~,

Cross out the word or words not required in this line.

Occupation,

Yinner

Birthplace,

State or country (and how long in the United States, if of foreign birth)

Baltimore Md

Duration of Residence in the City of Baltimore,

During life

Place of Death,

Give street and number

No 271 Saratoga St

Cause of Death,

First (Primary)

Second (Immediate)

Lymphatic System
Two - Weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial,

Londan Park

Date of Burial,

July 19th 1899

Undertaker,

Jos Lane & Sons

Place of Business,

568 W Baltimore St

Address

Dr. R. A. Pease M. D.

Medical Attendant

By Muller

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19250

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

July 18/77
Emil, Jr. Hermann,
Male.

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, Years, 6 Months, 27 Days.

Color, White Sex, Male.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Baltimore Md.

Duration of Residence in the City of Baltimore,

Lifetime.

Place of Death, { Give street and number. }

75 N. Fremont St.

Cause of Death, { First (Primary),

Cholera Infantum.

Second (Immediate),

Hydrocephaloid.

Duration of Last Sickness,

about two months.

All the above information should be furnished by the Physician.

Place of Burial,

Westbury Cemetery
475 N. Fremont St.

Date of Burial,

July 19/77

{ Undertaker,

Jacob Gammert

{ Place of Business,

244 Lexington Street

Address

77 George St.

H. R. Fetterhoff

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *19251*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *July 17 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *William Vogler*

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, *4* Years, *2* Months, *2* Days.

Color, *white*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore City*

Duration of Residence in the City of Baltimore, *Life*

Place of Death, { Give street and number. } *13, Horner St. (West end)*

Cause of Death, { First (Primary) Second (Immediate) } *Convulsions*

Duration of Last Sickness, *one day*

All the above information should be furnished by the Physician

Place of Burial, *Western Cemetery*

Date of Burial, *July 18 1877* *James A. Stearns, M. D.*

{ Undertaker, *John P. Paulus*

{ Place of Business, *Fred Ave* Address *Commissioners of Health & Registrar*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by John P. Paulus, Undertaker [over.]

Board of Health, City of Baltimore,

Permit No. 19252

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 14—1877
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Elie Stuart
Sex, Male or ~~Female~~, { Cross out the word not required in this line. }
Age, 4 Years, _____ Months, _____ Days.
Color, White
~~Married, Single, Widow or Widower~~, { Cross out the words not required in this line. }
Occupation, _____
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore
Duration of Residence in the City of Baltimore, 4 yrs
Place of Death, { Give street and number. } West Street
Cause of Death, { First (Primary,) Ascites
Second (Immediate,) Arterio }
Duration of Last Sickness, 1 yr
All the above information should be furnished by the Physician.
Place of Burial, Under Bland L. Co. M. D. Ashby
Date of Burial, July 18 1877 M. D.
{ Undertaker, He Wides Ross }
{ Place of Business, 18. Mer. St } Address _____
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19253.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 17th 1877
 Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Harry W. Barnes
 Sex, Male or Female, { Cross out the word not required in this line. } Male
 Age, _____ Years, 9 Months, _____ Days.
 Color, Cal
 Married, Single, Widow or Widower, { Cross out the word is not required in this line. }
 Occupation,
 Birthplace, { State or country (and how long in the United States, if of foreign birth. } Cambridgeport Mass
 Duration of Residence in the City of Baltimore, 6 months
 Place of Death, { Give street and number. } 14 S. Liberty Street
 Cause of Death, { First (Primary) } Peritonitis
 { Second (Immediate,) } Chol Infantum
 Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician

Place of Burial, N. Park Cemetery
 Date of Burial, July 18th 1877
 Undertaker, M. H. C. Perry
 Place of Business, Pratt St Address, Commies of Health
 Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of birth and deaths of illegitimate children.

Information by Mary E. Barnes Mother

ASSOCIATION OF PHYSICIANS IS RESPECTFULLY INVITED TO THE REGISTRATION

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.



Permit No. 19257

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 17, 1897.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William Martin Conley

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 5 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Falls Ind

Duration of Residence in the City of Baltimore, 5 yrs

Place of Death, { Give street and number. } 10 N. Fremont St

Cause of Death, { First (Primary,) Diphtheria
Second (Immediate,) "

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician

Place of Burial, St Peter's Church

Date of Burial, 18th of July

Undertaker, D. Hammer

Place of Business, 317 Mulberry St

L. M. Eastman M. D.
Medical Attendant.

Address 317 Levee

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 19255

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 14th 1877
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Gusta Kleck
Sex, Male or Female, { Cross out the word not required in this line. } Female
Age, Years, 5⁴ Months, Days.
Color, White Sex,
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation,
Birthplace, { State or country (and how long in the United States, if of foreign birth. } Bath
Duration of Residence in the City of Baltimore,
Place of Death, { Give street and number. } 3 Central Ave 68.
Cause of Death, { First (Primary,) Cholera Infantum
Second (Immediate,) Exhaustion
Duration of Last Sickness, 8 Days
All the above information should be furnished by the Physician.
Place of Burial, Baltimore Cemetery
Date of Burial, July 18
Undertaker, H. Rowing
Place of Business, 136 E Fayette
John A. Schmitt M. D.
Medical Attendant.
Address R. E. Co. South & Edmont

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19256

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years,

Months,

Days.

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary),
Second (Immediate). }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, July 18th 1877

Undertaker, H. M. Gibmeyer

Place of Business, 340 Canton St.

Address

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Attention of Physicians is respectfully invited to the fact that

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19257

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 17th 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Clara V. Ross

Sex, Male or Female, { Cross out the word not required in this line. }

F

Age,

Years,

17

Months,

Days.

Color,

C.

Sex,

F.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

City.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

192 Durham St.

Cause of Death, { First (Primary,) Second (Immediate,) }

Cholera Infantum
Intestinal Inflamm.
3 wks.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Dallas St. Cemetery

Date of Burial, July 18th 1877

H. T. Remond

M. D.

Medical Attendant.

Undertaker, Geo T. Jones

Place of Business,

Dallas St.

Address

Eastern Disp.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19258

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 17th 1877.

Full Name of Deceased, { Write legibly and spell correctly. * If an infant not named, give names of parents. } Elizabeth Garrett -

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 85 Years, 10 Months, Days.

Color, white Sex,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, none

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Ball's City,

Duration of Residence in the City of Baltimore, Her whole life.

Place of Death, { Give street and number. } Cor Cathedral & Monument St.

Cause of Death, { First (Primary,) General exhaustion, Second (Immediate,) Forty four hours

Duration of Last Sickness, Forty four hours

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Country

Date of Burial, 19th July 1877

{ Undertaker, W. N. Deustines & Son

{ Place of Business, 16 Light St -

Address

M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of

Permit No. 19259

OFFICE OF REGISTRAR OF VITAL STATISTICS:

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 18th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

William Carr

Sex, Male ~~Female~~, { Cross out the word not required in this line. }

Age, 30 Years, Months, Days.

Color,

Married, ~~Single~~, { Cross out the word not required in this line. }

Occupation, Engineer

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Aberdeen in Scotland

Duration of Residence in the City of Baltimore, 6 days

Place of Death, { Give street and number. }

On Board Steamer Circassian

Cause of Death, { First (Primary) Second (Immediate) }

Dying at Coast Point
Heart Disease

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Mount Carmel

Date of Burial, July 18th 1877

Undertaker, M. A. Saiger

Place of Business, Broadway

Address
Commiss of Health
Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Physician or Jessel

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19260

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

18th. July 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Anna Schmeiser

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Age,

Years,

11

Months,

Days.

Color,

white

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Baltimore City

Duration of Residence in the City of Baltimore,

During lifetime

Place of Death,

{ Give street and number. }

Bank Street 165.

Cause of Death,

{ First (Primary),
Second (Immediate). }

Dentition
Cholera Infantum
6 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Mount Carmel Cem.

Date of Burial,

July 19th 1877.

Undertaker,

L. Ritz.

Place of Business,

No. 129 1/2 S. Broadway.

Address

S. Wolfert 117.

William Hunsel

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 19261

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 17 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Bridget Kelly

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

Years,

18 Months,

Days.

Color,

W.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

364 S. Charles

Cause of Death, { First (Primary.)
Second (Immediate.) }

Meningitis

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial,

Cath. Bur.

Date of Burial,

July 18 1877

Undertaker,

J. F. Byrne

Place of Business,

37 N. Liberty St.

Address

J. J. [Signature]

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19262

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

Years,

Months,

Days.

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death,

{ First (Primary),
Second (Immediate.) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

{ Undertaker,

{ Place of Business,

Address

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19263

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 1st 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Amie M. Du Val

Sex, Male or Female,

Cross out the word not required in this line.

Female

Age,

21

Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Married

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Franklin Co. Pa.

Duration of Residence in the City of Baltimore,

Seven (7) Years

Place of Death,

Give street and number.

44 Rue Street

Cause of Death,

First (Primary.)

Second (Immediate.)

Pneumonia Pulmonalis
Exhaustion

Duration of Last Sickness,

Five (5) Months

All the above information should be furnished by the Physician.

Place of Burial,

1st Evangelical St. Paul Church

Date of Burial,

July 18th 1877

Undertaker,

H. Crochlin

Place of Business,

246 Eastern Ave

Address

77 So. Broadway

Lawson H. Hays M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *19264*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *16th July 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *John Washington Miller*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, _____ Years, *15* Months, _____ Days.

Color, *Colored*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } _____

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Balto. City*

Duration of Residence in the City of Baltimore, *All his life*

Place of Death, { Give street and number. } *97 S. Durham St.*

Cause of Death, { First (Primary,) Second (Immediate,) } *Measles*
Capillary Bronchitis

Duration of Last Sickness, *1 hour 3 months*

All the above information should be furnished by the Physician.

Place of Burial, *Falls Cemetery*

Date of Burial, *July 18th 1877*

Undertaker, *John W. Locks*

Place of Business, *59 S. Wolf St*

E. J. Evans M. D.
Medical Attendant.

Address *No. 406 E. Baltimore St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special Attention of Physicians is respectfully invited to the following

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19215,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Sex, ~~Male~~ Female,

Cross out the word not required in this line.

Age,

Years,

Months,

Days.

Color,

Sex,

Married, Single, Widow or Widower, Cross out the words not required in this line.

Occupation,

Birthplace, State or country (and how long in the United States, if of foreign birth.)

Duration of Residence in the City of Baltimore,

Place of Death, Give street and number.

Cause of Death, First (Primary),

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

Undertaker,

Place of Business,

Address

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 19266,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 17th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Leonard Clifton Wayman

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age, Two

Years, Five

Months,

Days.

Color,

Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Single

Occupation,

Nothing

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore City Maryland

Duration of Residence in the City of Baltimore,

Continued

Place of Death, { Give street and number. }

No 174 Welcome alley

Cause of Death, { First (Primary), Second (Immediate), }

Tubercular Meningitis

Atrophy & Convulsions

Duration of Last Sickness,

Seven weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 18

{ Undertaker, Abraham Wayman

{ Place of Business, No 30 Saratoga St

L. D. Dyer M. D.

Medical Attendant.

Address

No 146 Hill St

Baltimore

MD

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *19267*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *July 17 - 1877*
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Udiah Kane*
Sex, Male or Female, { Cross out the word not required in this line. }
Age, *30* Years, Months, Days.
Color, *Black*
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation, *Seaman*
Birthplace, { State or country (and how long in the United States, if of foreign birth.) }
Duration of Residence in the City of Baltimore, *Balt. Infirmary*
Place of Death, { Give street and number. } *Peritonitis*
Cause of Death, { First (Primary), Second (Immediate), } *Ulceration of the Intestine*
Duration of Last Sickness, *3 months*

All the above information should be furnished by the Physician.

Place of Burial, *W Public Cemetery*
Date of Burial, *July 17th*
Undertaker, *M H C Perry*
Place of Business, *448 West Street*
Medical Attendant, *J. A. Ashby M. D.*
Address, *Univ. Hospital*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the following

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19268

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 17th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Mary Walters Thomas

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age, 2 Years,

Months,

Days.

Color,

Colored

Sex,

Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Single

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Baltimore Md

Duration of Residence in the City of Baltimore, 2 years

Place of Death, { Give street and number. }

3 Wilmore St. Wyckoff

Cause of Death, { First (Primary,) Second (Immediate,) }

Constitutional Syphilis
Dropsy (General)

Duration of Last Sickness,

4 months

All the above information should be furnished by the Physician.

Place of Burial,

Laurel Cemetery

Date of Burial,

July 19th 1877

{ Undertaker,

Wm. James Gray

{ Place of Business,

65 W. Myrtle St.

Address

1500 N. E. and E.

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore,

Permit No. 19269

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 17th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Debra Uncles

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age,

74

Years,

1 Months,

17 Days.

Color,

Caucasian

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Widow

Occupation,

Cook

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Montgomery Co. Md.

Duration of Residence in the City of Baltimore,

48 years

Place of Death, { Give street and number. }

228 West St.

Cause of Death, { First (Primary,) Second (Immediate,) }

Accidental Fall

Paralysis (General) 7 Hours

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp & Cornetree

Date of Burial, July 18th 1877

Undertaker, Wm. J. J. J.

Place of Business, 65 Mulberry St.

R. C. Lee M. D.

Coroner &c.

Address Hammonds Barn St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 19270

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 17th 1877
 Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary E. Beckmiller
 Sex, ~~Male or~~ Female, { Cross out the word not required in this line. } Female
 Age, Forty ~~one~~ Years, Eight Months, Ten Days.
 Color, White

Married, ~~Single, Widower or Widow~~ { Cross out the word not required in this line. } Married

Occupation, Housewife

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Virginia

Duration of Residence in the City of Baltimore, About 30 yrs

Place of Death, { Give street and number. } 196 N. Central Ave

Cause of Death, { First (Primary) } Phtisis
 { Second (Immediate) } exhaustion

Duration of Last Sickness, about one year

All the above information should be furnished by the Physician

Place of Burial, Green Mount

Date of Burial, July 18th 1877

Undertaker, Wm. H. Hickman

Place of Business, 234 N. Gay St. Address W 305 Caroline St

M. D.

Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore,

Permit No. 19271

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 17th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Rachel Ann Powell

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 50 Years, Months, Days.

Color, Copper Sex, Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Widower

Occupation, House-keeper

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } Covenant St. Court

Cause of Death, { First (Primary,) To me unknown
Second (Immediate,) Softening of Brain

Duration of Last Sickness, About 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July the 17th 1877

{ Undertaker, William N. Dungee Address 75 N. Broadway

{ Place of Business, 62 East street

A. J. Ford M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore,

Permit No. 19272

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 18 1877

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Barbara Schweninger

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Age,

1

Years,

1

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give street and number. }

126 Stirling St.

Cause of Death,

{ First (Primary), }

{ Second (Immediate), }

Cholera Infantum

Duration of Last Sickness,

10 days

All the above information should be furnished by the Physician.

Place of Burial,

St. Alphonsus Cemetery

Date of Burial,

July 19 1877

Rev L. Rice

M. D.

Medical Attendant.

Undertaker,

Henry Stoeck

Place of Business,

309 Central Ave

Address

37 Duval Hill Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 19273,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 18th

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Elizabeth A. Taylor

Sex, Male or Female,

{ Cross out the word not required in this line. }

Female

Age,

53

Years,

Months,

Days.

Color,

White

Married, Single, Widowed or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

City

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give street and number. }

No 160 S. Howard St
Phthisis Pulmonalis

Cause of Death,

{ First (Primary,)
Second (Immediate,) }

Duration of Last Sickness,

Eight months

All the above information should be furnished by the Physician

Place of Burial,

Balto Cem

Date of Burial,

July 20th

Undertaker,

Jos L. Lamerzon

Place of Business,

558 W. Balto St

J. C. Burch

M. D.

Medical Attendant.

Address

151 Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 19274

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 17th 1899

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William Carter

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, _____ Years, 1 Months, 14 Days.

Color, Caucasian

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore, _____

Place of Death, { Give street and number. }

Cause of Death, { First (Primary), _____
Second (Immediate), _____

Duration of Last Sickness, _____

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 18th 1899

{ Undertaker, J. B. Jordan

{ Place of Business, 57 Park Ave.

Address 57 Park Ave.

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19275

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, one Years,

Color, White Months, Eighteen Days.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, None Infant

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore, 1 year & 8 months

Place of Death, { Give street and number. } 232 Lemon Street

Cause of Death, { First (Primary.) } Inanition
{ Second (Immediate.) } Dehydration

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, St. Peters cemetery

Date of Burial, July 18

{ Undertaker, J. B. Cook

{ Place of Business, 707 West Baltimore St. Address 25 Parkview St.

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19276

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

18th - July 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Coak James McKins

Sex, Male or Female,

Cross out the word not required in this line.

Age,

Years,

5

Months,

14 Days.

Color,

Black

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore City

Duration of Residence in the City of Baltimore,

5 Months - 14 days

Place of Death,

Give street and number.

168 W Eden St

Cause of Death,

First (Primary.)

Pertussis

Second (Immediate.)

Convulsions

Duration of Last Sickness,

3 weeks

All the above information should be furnished by the Physician.

Place of Burial,

Laurel cem

Date of Burial,

July 19 1877

Undertaker,

Theo. J. Locks

Place of Business,

56 Jefferson

Address

Wm. L. Ramey M. D.
Medical Attendant
Broadway
Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19277

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, Months, Days.

Color, Sex,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Illness, { All the above information to be furnished by the Physician. }

Place of Burial, Laurel Cemetery M. D.

Date of Burial, July 18/77 Medical Attendant.

{ Undertaker, Theo. J. Sothers Address 116 E. Fayette St.
{ Place of Business, 56 Jefferson St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19278

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *Baltimore July 18th 1877*
 Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Mary Ellen Herbert*
 Sex, Male or Female, { Cross out the word not required in this line. }
 Age, *one* Years, *Six* Months, Days.
 Color, *Colored*
 Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Single*
 Occupation, *Nothing*
 Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore city Maryland*
 Duration of Residence in the City of Baltimore, *Continued*
 Place of Death, { Give street and number. } *No. 375, West St*
 Cause of Death, { First (Primary,) *Tubercular Meningitis*
 { Second (Immediate,) *Astrophy convulsions*
 Duration of Last Sickness, *Five weeks*
 All the above information should be furnished by the Physician.
 Place of Burial, *Sharp St Burial Ground*
 Date of Burial, *July 18th 1877*
 { Undertaker, *Jacob Davis*
 { Place of Business, *103 Lee St*
J. D. Ayer M. D.
 Address *No 146 Hill St Baltimore Md*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19279

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 18th July 1877.
 Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Johann Schonat
 Sex, Male or Female, { Cross out the word not required in this line. }
 Age, 63 Years, 3 Months, Days.
 Color, white
 Married, Single, Widowed or Widower, { Cross out the words not required in this line. }
 Occupation, Labourer
 Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Schweinsdorf, Bavaria, Germany.
 Duration of Residence in the City of Baltimore, 23 years.
 Place of Death, { Give street and number. } N. Chapel Street 84.
 Cause of Death, { First (Primary,) } Tuberculosis Pulmonum
 { Second (Immediate,) }
 Duration of Last Sickness, 4 months.
 All the above information should be furnished by the Physician.
 Place of Burial, St. Alphonsus Church
 Date of Burial, July 19th 1877
 { Undertaker, A. Köhler }
 { Place of Business, 244 E. Lombard St. }
 Address S. Wolpert St. 117.
 William Hennel M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. **19280**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, **July 18th**
 Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } **Kate Schlacker**
 Sex, Male or Female, { Cross out the word not required in this line. } **Female**
 Age, **1** Years, **2** Months, **2** Days.
 Color, **White**
 Married, Single, Widow or Widower, { Cross out the words not required in this line. }
 Occupation,
 Birthplace, { State or country (and how long in the United States, if of foreign birth.) } **Baltimore**
 Duration of Residence in the City of Baltimore,
 Place of Death, { Give street and number. } **Ringold st. no 19.**
 Cause of Death, { First (Primary,) Second (Immediate,) } **Cholera Infantum**
 Duration of Last Sickness, **9 days**

All the above information should be furnished by the Physician.

Place of Burial, **St. Alphonsus Cemetery**
 Date of Burial, **July 19th 1877**
 Undertaker, **Charles Koehler** Address **106. Columbia St.**
 Place of Business, **Cob Sharp & Co's etc**

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 19281

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 17th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jno Thos Slaughter

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 1 Years, 2 Months, 1 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Balto - City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number. } 30 S. Willis St

Cause of Death, { First (Primary,) Summer Complaint
Second (Immediate,) Spasms } 1 m.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, { Baltimore Cemetery }

Date of Burial, July 19th

{ Undertaker, J. W. Troll } Address Hanover & Barn sts

{ Place of Business, 131 Hanover St }

R. E. Lee M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 19282

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 17th 1877
 Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. Rosa Peterson.
 Sex, Male or Female, Cross out the word not required in this line. Female
 Age, 11 Years, 11 Months, 11 Days.
 Color, White Sex, Female
 Married, Single, Widow or Widower, Cross out the words not required in this line. Single
 Occupation, None
 Birthplace, State or country (and how long in the United States, if of foreign birth.) Balt. M.D.
 Duration of Residence in the City of Baltimore, 11 mo
 Place of Death, Give street and number. Langaster st. No 11
 Cause of Death, First (Primary), Second (Immediate), Teething
 Duration of Last Sickness, 2 wks.
 All the above information should be furnished by the Physician.
 Place of Burial, Balti. Cemetery
 Date of Burial, 19th July
 Undertaker, Wm. Licolane
 Place of Business, 208 N. Ave.
 Address S.W. cor. Wolf & Canton ave.

C. W. Schutte Jr. M. D.
 Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 19283

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 17th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Miss Catharine Greeny

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Female

Age, 88 Years,

~~10~~ 3 Months,

10 Days.

Color, White

Sex,

Female

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Delaware

Duration of Residence in the City of Baltimore,

Eighty years

Place of Death, { Give street and number. }

63 N. Green St

Cause of Death, { First (Primary,) Second (Immediate.) }

Ch. Diarrhœa

Duration of Last Sickness,

2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, July 19th 1877, 3 30 P.M.

{ Undertaker, Chas. A. Ponder

{ Place of Business, No 520 N. Balto St

Address

J. H. Butler

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 19284

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 17: 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Margaret P. Bauman

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 14 Years, Months, Days.

Color, white

~~Married, Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Balti - Md

Duration of Residence in the City of Baltimore, 14 years

Place of Death, { Give street and number. } 1 S. Poppleton St.

Cause of Death, { First (Primary,) Second (Immediate,) } Typhoid Fever

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Gruidhill Cemetery

Date of Burial, July 19th 1877

{ Undertaker, Adam. Weidemeyer Address 379 W. Lombard St.

{ Place of Business, 5183 W. Baltimore St.

J. L. Spier M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 19285

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *July 18th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *One* Years, *Three* Months, Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, *Baltimore City*

Place of Death, { Give street and number. } *216 S. Dallas St*

Cause of Death, { First (Primary.) *Cholera Infantum* Second (Immediate,) *Convulsions* }

Duration of Last Sickness, *13 days*

All the above information should be furnished by the Physician.

Place of Burial, *S. Georges Cemetery*

Date of Burial, *July 19th 1877*

Undertaker, *Leonard Vurr*

Place of Business, *S. Bond St W. 277* Address *1 S. Bond St*

Chas. W. Miller M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,
Permit No. 19286 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 17th 1911
Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. Lizzie Esel
Sex, Male or Female, Cross out the word not required in this line. Female
Age, _____ Years, 4 Months, _____ Days.
Color, White
Married, Single, Widow or Widower, Cross out the words not required in this line.
Occupation, _____
Birthplace, State or country (and how long in the United States, if of foreign birth.) Baltimore
Duration of Residence in the City of Baltimore, _____
Place of Death, Give street and number. Burgundy St. near Cross
Cause of Death, First (Primary,) Scarletina Melig
Second (Immediate,) Spasm
Duration of Last Sickness, 5 Days
All the above information should be furnished by the Physician.
Place of Burial, St. Alphonsus
Date of Burial, July 19 1911
Undertaker, L. F. Krueger
Place of Business, Han
Address, 116. Columbia Ave.
O. L. Buddenbom M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of
Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19287

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 18 1877

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. Augusta Browne

Sex, ~~Male~~ or Female, Cross out the word not required in this line.

Age, 31 Years,

Color, White Months,

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, Cross out the word not required in this line. Days.

Occupation,

Birthplace, State or country (and how long in the United States. If of foreign birth.) Baltimore City

Duration of Residence in the City of Baltimore, 31 1/2 years

Place of Death, Give street and number. 319 Stecker & Hooper

Cause of Death, First (Primary), Second (Immediate), Pauper's condition

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician

Place of Burial, Linden Park

Date of Burial, July 19 1877

Undertaker, Jacob Wiaver

Place of Business, Smith Hill Address 118 N. Biddle

M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 19288

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 18th 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

John B. Borcharding

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 58 Years, - Months, - Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Wetland Keeper

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Germany

Duration of Residence in the City of Baltimore,

about 35 years

Place of Death, { Give street and number. }

13 Dover St.

Cause of Death, { First (Primary,) Second (Immediate,) }

Gastro-enteritis
Two weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Greenmount Cemetery

Date of Burial,

July 20th 1877

Undertaker,

C. Wiegand

Place of Business,

53 Druid Hill Ave

J. L. Linnell M. D.
Medical Attendant.

Address

2 Cathedral St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,
Permit No. 19289 OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 19th 1897

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Harry Reese

Sex, Male ~~Female~~

{ Cross out the word not required in this line. }

Age,

Years,

11 Months,

Days.

Color,

white

Married, Single, Widowed or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give street and number. }

21 Little Walsh St.
Cholera Infantum

Cause of Death,

{ First (Primary.)
Second (Immediate.) }

Duration of Last Sickness,

3 weeks

All the above information should be furnished by the Physician.

Place of Burial,

Bonny Bridge

Date of Burial,

July 20th 1897

Undertaker,

Chenoweth & Co

Place of Business,

341 Pa ave

Address

92 Mosher St

Chris L. Russell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 19290

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 19. to

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Mary T. Pape

Sex, Male or Female,

{ Cross out the word not required in this line. }

Female

Age,

Years,

5

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give street and number. }

William St. No 333

Cause of Death,

{ First (Primary.) }

{ Second (Immediate.) }

Nothing
Congestion of Brain
& Septic

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

St. Alphonsus. Cmt.

Date of Burial,

July 20th

Undertaker,

Andrew Kneel

Place of Business,

206 Columbia St

Address

J. L. Buddenbake M. D.
Medical Attendant.

106 Columbia St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Permit No. 19291

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 18th - 1877

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Moses Coleman Jones

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

4

Years,

Months,

Days.

Color,

Black

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Baltimore City -

Duration of Residence in the City of Baltimore,

4 years

Place of Death,

{ Give street and number. }

No. 8 Thacker -

Cause of Death,

{ First (Primary),
Second (Immediate), }

Pertussis
Pulmonary Consumption

Duration of Last Sickness,

3 months -

All the above information should be furnished by the Physician.

Place of Burial,

Green Cemetery

Date of Burial,

July 19

{ Undertaker,

William D. Dwyer

{ Place of Business,

62 East St

Address

Broadway &
Madison St

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 19292

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Male or Female,

Cross out the word not required in this line.

Age,

Years,

Months,

Days.

Color,

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

Cause of Death,

First (Primary.)

Second (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

Undertaker,

Place of Business,

Address

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 19293.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 18th, 1877 -

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. Ellen Gohn -

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, 44 Years, 5 Months, Days.

Color, White - Sex,

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, none -

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Chester Co. Penna -

Duration of Residence in the City of Baltimore, 20 years -

Place of Death, { Give street and number. } No. 154 Light St -

Cause of Death, { First (Primary), Second (Immediate), } Phthisis -
Exhaustion -

Duration of Last Sickness, 14 days -

All the above information should be furnished by the Physician.

Place of Burial, Penn Station Chester Co. Pennsylvania

Date of Burial, July 19 1877 R. H. Goldsmith, M. D. Medical Attendant.

{ Undertaker, Charles H. Herold

{ Place of Business, 161 N. Avenue Address 106 Harlem Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 832

[OVER.]

Board of Health, City of Baltimore,

Permit No. 19294

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 18th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } James I. A. Jones

Sex, Male ~~Female~~, { Cross out the word not required in this line. }

Age, 1 Years, 6 Months, Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 18 Little Pine St

Cause of Death, { First (Primary.) } Pertussis

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician

Place of Burial Laurel Cemetery

Date of Burial, July 19th 1877

Undertaker, W. J. Las Gray

Place of Business, Mulberry St Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of birth and deaths of illegitimate children.

Information by William C. Jones Father

Permit No. 19295

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 1 Years, 3 Months, 23 Days.

Color,

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 21st

{ Undertaker, Geo Schilling

{ Place of Business, Ashland

Address 224 Carrollton Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 19296

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 18th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Elizabeth R. Wnek

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

Years,

4

Months,

13

Days.

Color,

White

Sex,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

Since birth

Place of Death, { Give street and number. }

499 W. Lombard St.

Cause of Death, { First (Primary),
Second (Immediate), }

Meningitis
Cerebral Effusion & Convulsions
One month

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, July 20th 1877

John Neff M. D.
Medical Attendant.

Undertaker, J. B. Cook

Place of Business, 707 W. Baltimore street

Address

558 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 19297

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 18 (Wednesday) 10:45 P.M.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mrs. Louisa Lambert

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, Seventeenth Years, X Months, Days.

Color, White Sex, Female

~~Married~~ Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Single

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Wilmington, Delaware.

Duration of Residence in the City of Baltimore,

Nine (9) years

Place of Death, { Give street and number. }

146 Hollins Street.

Cause of Death, { First (Primary,) Second (Immediate.) }

Typhoid fever
Perforation of bowels, &c.

Duration of Last Sickness,

Five weeks. 67

All the above information should be furnished by the Physician.

Place of Burial, St. Peter's cemetery

Date of Burial, July 20th 1894

{ Undertaker, J. B. Cook

{ Place of Business, No 707 N. Baltimore Street

Wm. McEldredge, M. D.,
Medical Attendant.

Address 82, S. Fremont Street.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 19298

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

Years,

Months,

Days.

Color,

Sex,

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give street and number. }

Cause of Death,

{ First (Primary,)

{ Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

{ Undertaker,

{ Place of Business,

Dr. H. S. [Signature] M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 19299

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 17 July 1897
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give name of parents. } Mary Jane Charles Johnson
Sex, Male or Female, { Cross out the word not required in this line. }
Age, 3 Years, 1 Months, Days.
Color, Black
Married, Single, Widow or Widower, { Cross out the word is not required in this line. }
Occupation,
Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore, Md.
Duration of Residence in the City of Baltimore, Lifetime
Place of Death, { Give street and number. } No. 1 Rose Street
Cause of Death, { First (Primary,) Second (Immediate,) } Rheumatic fever
Duration of Last Sickness, 2 Weeks
All the above information should be furnished by the Physician
Place of Burial, Laurel Cemetery
Date of Burial, July 19th 1897
Undertaker, Wm. F. Bishop Jr.
Place of Business, Wm. F. Bishop Jr.
Address 165 Saratoga St.
M. H. Warner M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 19360

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 18th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Margaret Taylor

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, _____ Years, 2 Months, 2 Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 23 Edward street

Cause of Death, { First (Primary) Second (Immediate, } Cholera Infantum

Duration of Last Sickness, 2 mos.

All the above information should be furnished by the Physician

Place of Burial, Greenwood

Date of Burial, July 19th 1877

Undertaker, Joseph Cunningham

Place of Business, N. Dallas St.

James A. Murray M. D.

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information from Thos. King, 133 Lee St.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 19301

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 18th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Margarette Boland

Sex, ~~Male~~ or Female,

Cross out the word not required in this line.

Age,

71 Years,

Color, White

Months,

Days.

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Germany

Duration of Residence in the City of Baltimore,

30 years

Place of Death, { Give street and number. }

395 Little Alice Street

Cause of Death, { First (Primary), Second (Immediate), }

Hepatitis

Duration of Last Sickness,

4 days

All the above information should be furnished by the Physician

Place of Burial,

St. Carmel Cemetery

Date of Burial,

July 20th 1877

Undertaker,

J. H. Baehlich

Place of Business,

246 Eastern St.

Address

245 E. N. Henry

J. H. Baehlich M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 19302,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased,

Sex, Male or Female,

Age,

Color,

Married, Single, Widow or Widower,

Occupation,

Birthplace,

Duration of Residence in the City of Baltimore,

Place of Death,

Cause of Death,

Duration of Last Sickness,

Place of Burial,

Date of Burial,

Undertaker,

Place of Business,

Write legibly and spell correctly. If an infant not named, give names of parents.

Cross out the word not required in this line.

Years,

Months,

Days.

Cross out the words not required in this line.

State or country (and how long in the United States, if of foreign birth.)

Give street and number.

First (Primary.)

Second (Immediate.)

All the above information should be furnished by the Physician.

Address

Medical Attendant.

M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 193113.

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 19th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Robert N. Harbin

Sex, Male ~~or Female~~,

{ Cross out the word not required in this line. }

Age,

36

Years,

Months,

Days.

Color,

White

~~Married~~, Single, ~~Widow~~ ~~or Widower~~,

{ Cross out the words not required in this line. }

Occupation,

Farmer

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Charles Co., Md

Duration of Residence in the City of Baltimore,

one week

Place of Death,

{ Give street and number. }

Union Protestant Infirmary
Consumption

Cause of Death,

{ First (Primary),
Second (Immediate), }

Duration of Last Sickness,

10 months

All the above information should be furnished by the Physician.

Place of Burial,

Charles County

Date of Burial,

July 20

{ Undertaker,

C. H. Buzzard

{ Place of Business,

201 Penae

Address

92 Moorhead St

Chas J. Jewett

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(Transit 833)

[OVER.]

Board of Health, City of Baltimore,

Permit No. 193114

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 87 Years,

Color, White, Months,

Days,

Married, ~~Single~~, Widow or ~~Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary), Second (Immediate), }

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Cathedral Cemetery

Date of Burial, July 20th 1877

Undertaker, James P. Payne

Place of Business, No 63 N. Howard St.

Ireland,
27 Years,
146 N. E. St.

Old age,
6 weeks.

J. M. Houch, M. D.
Medical Attendant.

Address 95 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 19305

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 18th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Robert James Joseph Frasier

Sex, Male or Female, { Cross out the word not required in this line. }

Age, ~~Seven~~ Years, Seven Months, 18 Days.

Color, white Sex, Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number. } No 221 Franklin St

Cause of Death, { First (Primary,) Second (Immediate,) } Cholera Infantum

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, July 19th 1877

Saml. H. Anderson M. D.
Medical Attendant.

{ Undertaker, James P Byrne
Place of Business, No 63 N Kent St Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 19306,

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *July 19 1877*
 Full Name of Deceased, *Harriet Rast Moore*
 Sex, *Female*
 Age, *11* Years, *11* Months, *11* Days.
 Color, *white*
 Married, Single, Widow or Widower, *Single*
 Occupation,
 Birthplace, *Baltimore City*
 Duration of Residence in the City of Baltimore, *Life*
 Place of Death, *192 N. Dallas St.*
 Cause of Death, *Malnutrition*
 Duration of Last Sickness, *Inarigation*
 All the above information should be furnished by the Physician
 Place of Burial, *St. James Cemetery*
 Date of Burial, *July 20 1877*
 Undertaker, *Jacob Moore*
 Place of Business, *192 N. Dallas St.*
 Address, *Commissioner of Health*
to Regis. Br.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of birth and deaths of illegitimate children.

Information by, *Sarah Appleby Midwife* [OVER.]

City of Baltimore,
Permit No. 19307 OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *18th July 1877.*
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *John Stein.*
Sex, Male or ~~Female~~, { Cross out the word not required in this line. }
Age, *Sixty three* Years, *ten* Months, Days.
Color, *White*
Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }
Occupation, *Shoe Maker.*
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Hessin Darmstadt Germany.*
Duration of Residence in the City of Baltimore, *Twenty five years.*
Place of Death, { Give street and number. } *No. 191 Fitzgerald St.*
Cause of Death, { First (Primary),
Second (Immediate), } *Dropsy.*
Duration of Last Sickness, *Two months.*
All the above information should be furnished by the Physician.
Place of Burial, *St Pauls Cemetery*
Date of Burial, *July 19th 1877.* *Nicholas F. DeBelle* M. D.
Medical Attendant.
{ Undertaker, *Adams Bander*
Place of Business, *2512 Canton av* } Address *207 S. Broadway,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 19308

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurate out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 19. 1877
 Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annie Green
 Sex, Male or Female, { Cross out the words not required in this line. } Female
 Age, Years, One Months, Days

Color, White
 Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } No 80 So Eutaw St

Cause of Death, { First (Primary.) Second (Immediate.) } Pneumonia

Duration of Last Sickness,
 All the above information should be furnished by the Physician.

Place of Burial, Mt. Pul. Cemetery

Date of Burial, July 19 1877

{ Undertaker, M. H. C. Perry } M. C. Burkhard M.D.
 { Place of Business, Pratt St } Address, 61 So Eutaw St
 Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. *19309*

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 19th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Elizabeth Banks

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age,

1

Years,

9

Months,

Days.

Color,

Caucasian

Sex,

Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Single

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

48 Arch St Baltimore Md

Duration of Residence in the City of Baltimore,

12 + 8 (mo)

Place of Death, { Give street and number. }

41 Arch St

Cause of Death, { First (Primary), Second (Immediate), }

*Scarfeula
Cholera Infantum*

Duration of Last Sickness,

2 weeks

All the above information should be furnished by the Physician.

Place of Burial,

Laurie Cemetery

Date of Burial,

July 20th 1877

M. D.

Medical Attendant,

{ Undertaker,

H. Chase

{ Place of Business,

No 178 Howard

Address

152 N. E. St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 19310

OFFICE OF REGISTRAR OF VITAL STATISTICS
City of Baltimore

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurate and complete, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

Color, 2 Years,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary), Second (Immediate), }

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial,

Date of Burial,

Undertaker,

Place of Business,

18th July, 1877
Georgina Beran

Months

Days

Ball,

62 Over 26
Phthisis Pulmonalis
6 weeks

H. W. Webster

M. D.
Medical Attendant.

Address 57 Barrer

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

[OVER.]

Board of Health, City of Baltimore,

Permit No. *19311*

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fill out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 17th 1897

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Mary S. Hardy

Sex, ~~Male~~ or ~~Female~~, { Cross out the word not required in this line. }

Age,

Years,

Months,

Days.

Color,

Colored

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Balto.

Duration of Residence in the City of Baltimore,

During life

Place of Death, { Give street and number. }

151 Henrietta St.

Cause of Death, { First (Primary.)
Second (Immediate.) }

Cholera Infantum

Duration of Last Sickness,

3 weeks

All the above information should be furnished by the Physician.

Place of Burial,

Greenwood Cemetery

Date of Burial,

July 18th 1897

R. M. Hill

M. D.

Medical Attendant.

{ Undertaker,

J. P. Shaw

{ Place of Business,

118 Howard St.

Address

262 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. *79312*

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *July 17 1877*
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *William Barryman*
Sex, Male or Female, { Cross out the word not required in this line. } *Male*
Age, _____ Years, *Seven* Months, _____ Days.
Color, *Colored* Sex, *Male*
Married, Single, Widow or Widower, { Cross out the words not required in this line. } _____
Occupation, _____
Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore*
Duration of Residence in the City of Baltimore, _____
Place of Death, { Give street and number. } *165 Pearce St.*
Cause of Death, { First (Primary,) *Marasmus*
Second (Immediate,) _____
Duration of Last Sickness, *One month*
All the above information should be furnished by the Physician.
Place of Burial, *Laurel Cemetery*
Date of Burial, *July 19 1877*
Undertaker, *W. H. Chase & Co.* Address *93 Green St.*
Place of Business, *No 198 Howard*

J. Lepp M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 19313

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurate, out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary),
Second (Immediate), }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, { Church or cemetery }

Date of Burial, { Day, Month, Year }

{ Undertaker, { Name }

{ Place of Business, { Address }

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 19314

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 19th 1917

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Louis ~~Haas~~ Haas

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 8 Years,

Months,

Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, none

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Balt-

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

No 322 East Madison

Cause of Death, { First (Primary,) Second (Immediate,) }

Accidental fall from ladder
Fracture of skull

Duration of Last Sickness,

14 hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Gen.

Date of Burial,

July 21st

Edm J. Bruckner

M. D.

{ Undertaker,

Wm J. Tichner

{ Place of Business,

65 S. Calver St

Address

Corona M. P. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

City of Baltimore,

Permit No. 19315

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 19th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Katharine Ann Alband

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, Twenty two Years, Ten Months, fifteen Days.

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

None.

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give street and number. }

129 Penna. Av

Cause of Death, { First (Primary.) Second (Immediate.) }

Consumption

Duration of Last Sickness,

Asphyxia, had several attacks during the last two weeks About one year

All the above information should be furnished by the Physician.

Place of Burial,

Balt Cemetery

Date of Burial,

July 22nd 1877

Elias LePrie M.D.
Medical Attendant.

{ Undertaker,

P. Hummel

{ Place of Business,

Madison St

Address 262 Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 19316

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 17 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Mary B. Mitchell

Sex, ~~Male~~ Female,

{ Cross out the word not required in this line. }

Age,

Years,

5

Months,

Days.

Color,

Colored

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Balto.

Duration of Residence in the City of Baltimore,

During life

Place of Death,

{ Give street and number. }

141 Kent St.

Cause of Death,

{ First (Primary,) Second (Immediate,) }

Cholera Infantum
5 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Sharp & Co

Date of Burial,

July 20th

Undertaker,

Wm. A. Boyd

Place of Business,

180 N. Y & E

R. M. Hall

M. D.

Medical Attendant.

Address

262 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. *19317*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *July 19th 1917*
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Margaret C. Huffman*
Sex, Male or Female, { Cross out the word not required in this line. } *Female*
Age, *36* Years, _____ Months, _____ Days.
Color, *White*
Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Married*
Occupation, _____
Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Balto. City.*
Duration of Residence in the City of Baltimore, *Lifetime*
Place of Death, { Give street and number. } *247 S. Broadway*
Cause of Death, { First (Primary,) _____ Second (Immediate,) _____ } *Miscarriage at 6 months, Shock and Convulsions*
Duration of Last Sickness, *14 Hours.*

All the above information should be furnished by the Physician.

Place of Burial, *St. Alphonsus Cemetery*
Date of Burial, *July 21st*
Undertaker, *Wendelin Lippel*
Place of Business, *S. Bond st. 151*
Address *101 Broadway*
Medical Attendant *C. Edward Miller M. D.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 19318

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~occurring~~ out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 19th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents }

Atilia Miller

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age,

Years,

4 Months,

28 Days.

Color,

white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Balto. City

Duration of Residence in the City of Baltimore, since born

Place of Death, { Give street and number. }

67. N. Chappell St.

Cause of Death, { First (Primary),
Second (Immediate,) }

meningitis

Duration of Last Sickness,

4 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, July 20th

Undertaker, Wendelin Dippel

Place of Business, S. Bond St. 151

J. E. Daulton M. D.
Medical Attendant.

Address 27. N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19320

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 19th of 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Pauline Bells.

Sex, Male or Female, { Cross out the word not required in this line. } Female.

Age, Years, eight Months, Days.

Color, white Sex, female.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } Hollins St. N. 154.

Cause of Death, { First (Primary,) Cholera infantum. { Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Peter's Cemetery

Date of Burial, July 20th 1877 Dr. Joseph Lopez. M. D. Medical Attendant.

{ Undertaker, J. A. Loane & Sons

{ Place of Business, 508 W. Baltimore St. Address Carey St. N. 414.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 19321

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

17th Mo 19th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Thomas J. Campbell

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age, 18 Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Single

Occupation,

Clerk.

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

18 years.

Place of Death, { Give street and number. }

111 E. Biddle St

Cause of Death, { First (Primary,) Second (Immediate,) }

Dysentery

15 days.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, July 21st 1877

Undertaker, Henry W. Mears

Place of Business, 45 N. Gay St

W. H. Riley

M. D.

Medical Attendant.

Address 47 Lexington St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 19322

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 18 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Maria L. Johns.

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, Years, 7 Months, 21 Days.

Color, Col'd

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country (and how long to the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 344 Montgomery St

Cause of Death, { First (Primary.) Chol Infantum }
Second (Immediate,) 6. days

Duration of Last Sickness, 6. days

Place of Burial, W. Pub Cemetery

Date of Burial, July 20 1877

Undertaker, M. H. C. Perry

Place of Business, Pratt St

Address Commissioner of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by William Maddox, Uncle of Child [over.]

Board of Health, City of Baltimore,

Permit No. 19323,

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 18/77

Full Name of Deceased, { Write legibly and spell correctly. If on infant not named, give names of parents. } Johann G. H. Hucksall

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 1 Years, 1 Months, 17 Days.

Color, White Sex, Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } 146 Pearl St.

Cause of Death, { First (Primary,) Marasmus.
Second (Immediate,) Transition.

Duration of Last Sickness, Since birth.

All the above information should be furnished by the Physician.

Place of Burial, St. Pauls Cemetery

Date of Burial, July 21/77

{ Undertaker, J. Schulteis Address 77 George St.

{ Place of Business, 159 E. Baltimore St.

H. R. Betterhoff M. D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 19324

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *July 18th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Levi Jones* *✓*

Sex, *Male* or *Female*, { Cross out the word not required in this line. }

Age, *6* Years, *8* Months, *1* Days.

Color, *le* Sex, *mi*

Married, *Single*, *Widow* or *Widower*, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Balto Md*

Duration of Residence in the City of Baltimore, *Since*

Place of Death, { Give street and number. } *2 Blaffer Court*

Cause of Death, { First (Primary,) Second (Immediate,) } *Cholera Infantum*
Aschemia

Duration of Last Sickness, *abt a week*

All the above information should be furnished by the Physician.

Place of Burial, *Laurel Cem*

Date of Burial, *July 20 1877*

Undertaker, *Theo Cochr*

Place of Business, *56 Jefferson*

Charles Moffat M. D.
Medical Attendant

Address *84 E. Balto St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 19325

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 19, 1897

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joshua Chase

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Years, 1 Months, 2 Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore City

Duration of Residence in the City of Baltimore, since Birth

Place of Death, { Give street and number. } 12 S. Wolf St

Cause of Death, { First (Primary,) Scrofulosis
Second (Immediate,) }

Duration of Last Sickness, Life time

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, July 20 1897

{ Undertaker, Theo. Locks
Place of Business, 56 Jefferson St }

James E. Donnell M. D.
Medical Attendant.

Address 299 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 79326

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately and, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

Years,

Months,

Days.

Color,

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

{ Undertaker,

{ Place of Business,

Address

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of
Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 19327

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 19, 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Lizzie Potucek

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, Three Years, four Months, Days.

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Baltimore Md.

Duration of Residence in the City of Baltimore, Three yrs. 4 months.

Place of Death, { Give street and number. }

Duncan Alley No 37.

Cause of Death, { First (Primary) Second (Immediate) }

Convulsions
Coma

Duration of Last Sickness, Twelve hours.

All the above information should be furnished by the Physician.

Place of Burial, St Michael's Cemetery

Date of Burial, 20th July 1877

Albert Lyman M. D.
Medical Attendant.

{ Undertaker, Jacob Potucek

{ Place of Business, 37, Duncan Alley

Address 375 E. Baltimore St.
Baltimore.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 19328

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 19 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Charles Kutwaller

Sex, Male or Female,

Cross on the word not required in this line.

Boy

Age,

Years,

Months,

Days.

Color,

white

Sex,

male

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

33 Holiday St

Cause of Death,

First (Primary),

Second (Immediate),

Diarrhoea

Convulsion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

4 weeks

Place of Burial,

Bell Cemetery

Date of Burial,

July 20th 1877

W. H. Sullivan M. D.

Medical Attendant.

Undertaker,

Wm. H. Bartlett

Place of Business,

107 W. Gay St

Address

107 W. Gay St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate of Death, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. *19329*

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 20. 1877

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Joseph

Sex, Male or Female,

{ Cross out the word not required in this line. }

Male

Age,

Years,

About 6 weeks

Days

Color,

white

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Foundling

Duration of Residence in the City of Baltimore,

House 20 hours

Place of Death,

{ Give street and number. }

St. Vincent's Infant Asylum

Cause of Death,

{ First (Primary.) }

Marasmus

{ Second (Immediate.) }

As the m

Duration of Last Sickness,

Dying when received

All the above information should be furnished by the Physician.

Place of Burial,

Cathedral Cemetery

Date of Burial,

July 21. 1877

{ Undertaker,

Sam'l Bouse

{ Place of Business,

158 Division St.

Marbury Brewer

M. D.

Medical Attendant.

Address

201 W. Middle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 19330

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 20, 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Mary

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age,

Years,

about 21

Days.

Color,

white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Scrubbing

Duration of Residence in the City of Baltimore,

House 1 week

Place of Death, { Give street and number. }

St Vincent's Infant Asylum

Cause of Death, { First (Primary,) Second (Immediate,) }

Congenital syphilis

Arthritis

Duration of Last Sickness,

When received

All the above information should be furnished by the Physician.

Place of Burial Cathedral Cemetery

Date of Burial, July 21, 1877

{ Undertaker, Saml Bowen

{ Place of Business, 152 Division St.

Marbury Brewer M. D.
Medical Attendant.

Address 201 W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19331

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 19th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Mollie B. Wiseman

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age, 1 Years,

8 Months,

10 Days.

Color,

white

Sex,

female

Married, Single, Widowed or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Balto City

Duration of Residence in the City of Baltimore,

Lifelong

Place of Death, { Give street and number. }

33 Lenox St.

Cause of Death, { First (Primary,) Second (Immediate,) }

Whooping Cough
Congestion Brain

Duration of Last Sickness,

About two weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

J. Shotton Will

M. D.

Date of Burial, July 20 1894

Medical Attendant.

{ Undertaker, J. B. Cook

Address

432 W. Fayette St.

{ Place of Business, No 707 W. Baltimore street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore,

Permit No. 19332

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 17 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ellen Gray

Sex, Male or Female, { Cross out the words not required in this line. }

Age, 23 Years, _____ Months, _____ Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Prostitute

Birthplace, { State or country (and how long in United States, if of foreign birth.) } _____

Duration of Residence in the City of Baltimore, _____

Place of Death, { Give street and number. } Balt. Infirmary

Cause of Death, { First (Primary,) Syphilis

{ Second (Immediate,) Softening of Brain

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, W Public Cemetery

Date of Burial, July 18th

{ Undertaker, M H Perry

{ Place of Business, 448 W Pratt St

T. A. Ashby M. D.
Medical Attendant.

Address, Univ. Hospital

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

City of Health, City of Baltimore
Permit No. 19333, OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 19th 1877
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Josephine Driver
Sex, Male or Female, { Cross out the word not required in this line. }
Age, Years, Months, Days.
Color, White
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation,
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore City
Duration of Residence in the City of Baltimore, During life
Place of Death, { Give street and number. } 130 Conway St
Cause of Death, { First (Primary.) Second (Immediate,) } Congestion of Stomach & Brain
Duration of Last Sickness, 10 days.
All the above information should be furnished by the Physician.
Place of Burial, Mt Carmel City
Date of Burial, July 20th 1877
Undertaker, John Schuchter
Place of Business, 157 Conway St
Address, Cor. Lee & Hanover St
M. D. O. A. Barker
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 19334

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 19th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Attorney Raley

Sex, ~~Male~~ or Female,

Cross out the word not required in this line.

Age,

Years,

11

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore

Duration of Residence in the City of Baltimore,

Since Birth

Place of Death,

Give street and number.

298 Stricker St

Cause of Death,

First (Primary),
Second (Immediate),

Cholera Infantum

Duration of Last Sickness,

About 10 days

All the above information should be furnished by the Physician.

Place of Burial,

Western Cemetery

Date of Burial,

July 21st 1877

Undertaker,

John Schacher

Place of Business,

150 Cemetery

M. R. McAnen

M. D.

Medical Attendant.

Address

582 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

City of Baltimore

No. 19385

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *July 20th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Anna Christina Walz (Walz)*

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, *2* Years, *2* Months, *2* Days.

Color, *White*

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, *None*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore City*

Duration of Residence in the City of Baltimore, *During life*

Place of Death, { Give street and number. } *Orleans & Caroline Sts.*

Cause of Death, { First (Primary,) Second (Immediate,) } *Menigitis spinal*

Duration of Last Sickness, *About four weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Baltimore Cemetery*

Date of Burial, *July 22nd*

{ Undertaker, *Geo. Schilling* }
{ Place of Business, *Ashland Square* }

Address *Mr. Elders 1st Broadway*

Hilton A. Taylor M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No. *19336*

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 20th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Mary Hart
Female

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age,

53

Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Widow

Occupation,

Making

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Ireland, 23 yrs in U.S.

Duration of Residence in the City of Baltimore,

8 yrs

Place of Death, { Give street and number. }

26 N. Central Ave.

Cause of Death, {

First (Primary,)

Stroke to be with trouble, not

Second (Immediate,)

being the attending Phys. do not know.

Duration of Last Sickness,

Seven Months.

All the above information should be furnished by the Physician.

Place of Burial,

St Vincent's Cemetery

Date of Burial,

July 20 1877

{ Undertaker,

James P. Byrne

{ Place of Business,

No 63 N Front St

Chas B. Zipp

M. D.

Medical Assistant.

Address

Wash Union Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19337

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 19th 1877

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Ann Catharine Meunzard

Sex, Male or Female,

{ Cross out the word not required in this line. }

Female

Age,

Four

Years,

Nine

Months,

Thirteen

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Baltimore, Md.

Duration of Residence in the City of Baltimore,

Since Birth

Place of Death,

{ Give street and number. }

No. 5 Payelle Court

Cause of Death,

{ First (Primary.) }

{ Second (Immediate.) }

Diphtheria

Duration of Last Sickness,

Five Days

All the above information should be furnished by the Physician

Place of Burial,

Balti Cemetery

Date of Burial,

July 21st 1877

Wm H. Glendine

M. D.

Medical Attendant.

{ Undertaker,

John C. Schuch

Address

No. 102 N. Broadway

{ Place of Business,

265 Alcemann St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 19338

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

Color,

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary),
Second (Immediate), }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, *Cathedral Cemetery*

Date of Burial, *July 21st 1877*

{ Undertaker, *James D. Byrne*

{ Place of Business, *No 63 N Front St*

Address

D. S. Mahan M. D.
Medical Attendant.

138 N Exeter St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No. 19339

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 19th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Lillie A. Murray

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, _____ Years, One Months, Fifteen Days.

Color, _____

Married, Single, Widowed or Widower, { Cross out the words not required in this line. } Single

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore

Duration of Residence in the City of Baltimore, during life

Place of Death, { Give street and number. } No 38 Jefferson St

Cause of Death, { First (Primary,) Gastritis
Second (Immediate,) }
Duration of Last Sickness, ten days

All the above information should be furnished by the Physician

Place of Burial, Laurel cemetery

Date of Burial, July 20th 1877

{ Undertaker, Wm. P. Dunge
Place of Business, No 62 East St } Address, Annapolis

J. B. Nelson M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No. 19340

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 20th 1877.

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. Hermine Lucie Stalport

Sex, Male or Female, Cross out the word not required in this line. Female

Age, 11 Years, 8 Months, Days.

Color, white.

Married, Single, Widowed or Widower, Cross out the words not required in this line.

Occupation, child.

Birthplace, State or country (and how long in the United States, if of foreign birth.) Baltimore City.

Duration of Residence in the City of Baltimore, all its life.

Place of Death, Give street and number. 24 - E. Lombard St.

Cause of Death, First (Primary.) Dysentery + gen? debility
Second (Immediate.) " + anasarca

Duration of Last Sickness, about 3 weeks

All the above information should be furnished by the Physician

Place of Burial, Mt. Cemetery

Date of Burial, July 22nd 1877

Undertaker, Wm. & Bartlett

Place of Business, 100 N. Gay St.

Address, 86 E. Fayette St.

Signature, H. Stohme M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 19341

OFFICE OF REGISTRAR OF VITALS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 20th July 1877
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Elizabeth Bolander
Sex, Male or Female, { Cross out the word not required in this line. }
Age, _____ Years, 8 Months, _____ Days.
Color, R
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation, _____
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Balto -
Duration of Residence in the City of Baltimore, _____
Place of Death, { Give street and number. } Hr Avenue, not numbered
Cause of Death, { First (Primary,) Chol Infantum
Second (Immediate,) Convulsions }
Duration of Last Sickness, One mo
All the above information should be furnished by the Physician.
Place of Burial, Bath Bmt
Date of Burial, July 21st 1877
{ Undertaker, Wm & Son }
{ Place of Business, 269 Legh St }
Address 207 N. Main St
Geo. Dodgson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,
Permit No. 19342

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 10 o'clock A.M. July 19th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary E. Lindenman

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Three Years, two Months, Days.

Color, White

Married, Single, Widow or Orphan, { Cross out the word is not required in this line. } Single

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } No 888 Washington Street Baltimore City

Cause of Death, { First (Primary,) Second (Immediate,) } Scurvy and general debility

Duration of Last Sickness, Six weeks

All the above information should be furnished by the Physician.

Place of Burial, St Matthews Cem'ty

Date of Burial, July 21, 1877

Undertaker, John W. Rodenmayer

Place of Business, Cor. Beconmont and Monument Sts

Address

J. Olin Dammery M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 19343

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 19th 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Lydia Spence.

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 80 Years, 6 Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word is not required in this line. } Married

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } York Co. Pa.

Duration of Residence in the City of Baltimore, 40 yrs.

Place of Death, { Give street and number. } #337 N. Howard

Cause of Death, { First (Primary) Second (Immediate) } I did not see her till after death.

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Mt. Vernon Cemetery

Date of Burial, July 21. 1877, Geo. W. Wayson M. D.

Undertaker, Thos. S. Hughes Medical Attendant.

Place of Business, 160 E. Baltimore St. Address #18 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

19344

OFFICE OF REGISTRAR OF VITALS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 20th 77

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Ann Eliza Forester

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

7 Years,

Months,

18 Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Balto City

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give street and number. }

403 S Cutaw St

Cause of Death, { First (Primary,) Second (Immediate,) }

diphtheria

Duration of Last Sickness,

7 days

All the above information should be furnished by the Physician.

Place of Burial,

Mount Olivet

Date of Burial,

July 22nd 77

{ Undertaker,

L Taylor

{ Place of Business,

Shops & Lamps

Address

76 Sassa St

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. *9345*

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *July 20th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Benjamin Horney*

Sex, ~~Male~~ or ~~Female~~, { Cross out the word not required in this line. }

Age, *Seventeen* Years, Months, Days.

Color, *White*

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, *Carter*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore City*

Duration of Residence in the City of Baltimore, *During life*

Place of Death, { Give street and number. } *196 North Broadway*

Cause of Death, { First (Primary,) Second (Immediate,) } *Injury to the left foot Tetanus*

Duration of Last Sickness, *Two days*

All the above information should be furnished by the Physician.

Place of Burial, *Mount Carmel Cemetery*

Date of Burial, *July 21st 1877*

{ Undertaker, Place of Business, } *Fry & Bro 54 N Broadway*

Wilton A Taylor M. D. Medical Attendant.

Address *Broadway & N. Eldon St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 19346,

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 20th 1877
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Nettie May Carter
Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, Years, 1 Months, 19 Days.

Color, Blk
Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,
Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore
Duration of Residence in the City of Baltimore, 5 yrs
Place of Death, { Give street and number. } 5 Pine Alley

Cause of Death, { First (Primary) Cholera Infantum
Second (Immediate,) all its life
Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery
Date of Burial, July 21st 1877

Undertaker, W. W. Dupree
Place of Business, East St Address, Commis of Health Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death except in cases of births and deaths of illegitimate children.

Information of Annie Selby Mother [initials]

Board of Health, City of Baltimore,

Permit No. 19347

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *July 20, 1877 - 12.00 AM*
 Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. *Lottie Tet.*
 Sex, ~~Male~~ or Female, Cross out the word not required in this line. *Female*
 Age, *Twenty* Years, _____ Months, _____ Days.
 Color, *Colored* Sex, *Female*
~~Married~~ Single, ~~Widow~~ or ~~Widower~~, Cross out the words not required in this line.
 Occupation, *Service*
 Birthplace, State or country (and how long in the United States, if of foreign birth.) *Virginia*
 Duration of Residence in the City of Baltimore, *Unknown*
 Place of Death, Give street and number. *No 41 S. Dallas St*
 Cause of Death, First (Primary), Second (Immediate), *Pneumonia Pulmonalis*
 Duration of Last Sickness, *Unknown.*

All the above information should be furnished by the Physician.

Place of Burial, *E. Park Cemetery*
 Date of Burial, *July 21 1877*
 Undertaker, *L. Shepley* Address *341 N. Broadway*
 Place of Business, *Pratt St*

W. White M. D.
 Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITALS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurate, out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 20th 1877
Henry Shuler

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 3 Years,

Color, White Months,

Days.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

204 E. Chase St.
Pertussis

Cause of Death, { First (Primary), Second (Immediate), }

This is 6 months

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial,

Date of Burial,

Undertaker,

Place of Business,

Address

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

19349
OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 19th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Henry Spangler

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age,

Years,

6

Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Single

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give street and number. }

Harford Road, Baltimore

Cause of Death, { First (Primary,) Second (Immediate,) }

Measles

Dropsy

28 days

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial,

St. Phares Church

Date of Burial,

July 21st 1877

A. E. Stein,

M. D.

Medical Attendant.

{ Undertaker,

Henry Hald

{ Place of Business,

309 Central

Address 195 N. Eden St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No. 19350

OFFICE OF REGISTRAR OF VITALS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 20th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Henry Schultz

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 9 Months, 3 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 297 N. Central Ave

Cause of Death, { First (Primary,) Second (Immediate,) } Cholera Infantum

Duration of Last Sickness, 28 Days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, July 22 1877

Undertaker, Henry Fleck

Place of Business, 309 Central Ave

Address 137 Orleans St

M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 9351

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately, out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 19/77

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Lily Smith

Sex, ~~Male or Female~~, { Cross out the word not required in this line. }

Age,

Years,

9 Months,

Days.

Color,

white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore city

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cor. Monument & Burke sts.

Cause of Death, { First (Primary,) }

Dentition

{ Second (Immediate,) }

convulsions

Duration of Last Sickness,

3 days

All the above information should be furnished by the Physician.

Place of Burial, ~~St~~ Mathews Emnts

Date of Burial, July 21st 1897

{ Undertaker, H. Frohlich

{ Place of Business, 246 Eastern Ave

R. W. Mansfield M. D.
Medical Attendant.

Address 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 19352

OFFICE OF REGISTRAR OF VITALS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 21st 1877

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Edw. V. DeVal

Sex, Male or Female,

Cross out the word not required in this line.

Female

Age,

Years,

Color,

White

Months,

5

Days.

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore City

Duration of Residence in the City of Baltimore,

Since birth

Place of Death,

Give street and number.

44 Rue Street

Cause of Death,

First (Primary.)

Second (Immediate.)

Cholera Infantum

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Three (3) days

Place of Burial,

1st Engl. St Pauls Ch

Date of Burial,

July 22nd

Undertaker,

H. Froelich

Place of Business,

246 Eastern Ave.

Address

G. L. McKim

M. D.

Medical Attendant.

246 Eastern Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 19353,

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 20th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Carl Huse

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 9 Years,

Color, White Months,

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Days.

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number. } 16 Pleasant Alley

Cause of Death, { First (Primary.) Bilious Remittent Second (Immediate.) Typhoid Fever }
Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician

Place of Burial, 5th St. Ref. St. Paul's Ch.

Date of Burial, July 22nd

Undertaker, H. F. Fink

Place of Business, 246 Eastern Ave.

Address 277 E. Baltimore St.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

K

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITALS

Permit No. 193574

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 20 - 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Julius Blankner

Sex, Male or Female,

Cross out the word not required in this line.

Male

Age,

39

Years,

5

Months,

12

Days.

Color,

White

Married, Single, Widower or Widow,

Cross out the words not required in this line.

Sex,

Male

Occupation,

Cooper

Married

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Königsberg - Germany

Duration of Residence in the City of Baltimore,

23 years

Place of Death,

Give street and number.

The Henry St - the Honor & Payson Remittent Two - (complicated by alarming Pneumonia)

Cause of Death,

First (Primary),

Second (Immediate),

Exhaustion

Duration of Last Sickness,

About nine days

All the above information should be furnished by the Physician.

Place of Burial,

Western cemetery

Date of Burial,

July 21 1877

Undertaker,

J. B. Cook

Place of Business,

No 707 N Baltimore street

Address

C. C. McDowell M. D.
Medical Attendant.

91 Frederick Ave
290 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

9355
OFFICE OF REGISTRAR OF VITALS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, and to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *20th July*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Annie J. Russell*

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *10* Years, *10* Months, Days.

Color, *Black*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Single*

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore*

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } *7 Camb Alley*

Cause of Death, { First (Primary,) Second (Immediate,) } *Cholera Infantum*
Marasmus & debility

Duration of Last Sickness, *One month*

All the above information should be furnished by the Physician.

Place of Burial, *Laurie Cemetery*

Date of Burial, *July 21st*

J. M. Dodge M. D.
Medical Attendant.

W. C. Russell
Undertaker, *180 N. 5th St*
Place of Business,

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 19356

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 20 minutes to 1.0 clock A. M. 21st July 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Ellen Bumbarger

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 40 Years, 11

Color, White Months, 11 Days.

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Tell Point - Baltimore

Duration of Residence in the City of Baltimore, Four Months

Place of Death, { Give street and number. } 42 Orleans St Baltimore City

Cause of Death, { First (Primary,) Cancer of The Uterus
Second (Immediate,) Hemorrhage with Dropsy

Duration of Last Sickness, One Year and 3 Months

All the above information should be furnished by the Physician

Place of Burial, Balto Cemetery

Date of Burial, July 22nd 1877

{ Undertaker, Family

{ Place of Business,

Address 28 Forest Place

Baltimore City

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 19357

OFFICE OF REGISTRAR OF VITALS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *July 20th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Carrie E. Rose*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *21* Years, Months, Days.

Color, *White*

Married, ~~Single, Widowed or Widower~~, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Westminster Carroll Co*

Duration of Residence in the City of Baltimore, *about a year*

Place of Death, { Give street and number. } *440 Madison Ave*

Cause of Death, { First (Primary,) Second (Immediate,) } *Purpural Convulsions*

Duration of Last Sickness, *24 Hours*

All the above information should be furnished by the Physician

Place of Burial, *Green Mount Cemetery*

Date of Burial, *July 22nd 1877*

{ Undertaker, Hughes & Co

{ Place of Business, 58th Fayall St

J. L. Williams M. D.
Medical Attendant.

Address *201 Madison Ave*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No. 19358

OFFICE OF REGISTRAR OF VITALS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 20th 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry Sebastian Campbell

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, Six Months, 16 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore, Md

Duration of Residence in the City of Baltimore,

During life

Place of Death, { Give street and number. }

127 Mosher St. Baltimore, Md

Cause of Death, { First (Primary,) Second (Immediate,) }

Marasmus

Duration of Last Sickness,

Since birth

All the above information should be furnished by the Physician

Place of Burial, Loudon Park Cem

Date of Burial, July 22nd 1877

Hummer & Fox

M. D.

Medical Attendant

{ Undertaker, Chas T Scriven

{ Place of Business, 271 N. Eutaw St

Address Cor Greene & Mulberry St. Baltimore.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No. 19359

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 14th / 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Willie Hammer Kittinger

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 1 Years, 3 Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore Md

Duration of Residence in the City of Baltimore, 1 yr + 3 mos

Place of Death, { Give street and number. } 341 Stricker St Extended

Cause of Death, { First (Primary,) Pneumonia
Second (Immediate,) "

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 15th 1877

Undertaker, Chenoweth & Co

Place of Business, 341 pa ave

Address S. E. Cor. Green & Nubling
Balto Md

Medical Attendant, M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No. 19360

OFFICE OF REGISTRAR OF VITALS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 20 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Henry Frank

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 22 Years, 6 Months, Days.

Color, white

Married, Single, Widowed or Widower, { Cross out the word not required in this line. }

Occupation, Merchant

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balt. City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } Cor Balt & Holladay St

Cause of Death, { First (Primary,) Second (Immediate,) } Gun Shot

Duration of Last Sickness, Sudden

All the above information should be furnished by the Physician

Place of Burial, Balt. Cen

Date of Burial, July 22 1877

Undertaker, C. P. Ross

Place of Business, Fayette

Address

Medical Attendant, M. D.

Signature of Physician

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No. 19361

OFFICE OF REGISTRAR OF VITALS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 20th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Edwards

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, Months, 8 Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number }

No 3 Parrish Alley

Cause of Death, { First (Primary,) Second (Immediate,) }

Spasms

Duration of Last Sickness, Life

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, July 21st 1877

{ Undertaker, L. Chase

{ Place of Business, 198 S. Howard St.

James A. Stearns, M. D.
Medical Attendant.Address Commis of Health
& Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Dr. Hatten

[OVER.]

Board of Health, City of Baltimore

Permit No. 19362

OFFICE OF REGISTRAR OF VITALS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 21st 1897

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Matthew Fell

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, Years, 3 Months, Days.

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth) }

Balto. City.

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number }

449 Saratoga St.

Cause of Death, { First (Primary,) Second (Immediate,) }

Spasms

Duration of Last Sickness, Suddenly

All the above information should be furnished by the Physician

Place of Burial, St. Alphonsus's Church

Date of Burial, July 22d 1897

Undertaker, M. France

Place of Business, 280 Camden Ave

James H. Stearns, M. D., Medical Attendant

Address, Commissioner of Health
Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by the Father of child

[OVER.]

Permit No. 19363,

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

Years,

Months,

Days.

Color,

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give street and number. }

Cause of Death,

{ First (Primary.) }

{ Second (Immediate.) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

{ Undertaker,

{ Place of Business,

Address

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 19364

OFFICE OF REGISTRAR OF VITALS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 20.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents.

Jacob, Schadel

Sex, Male or ~~Female~~, { Cross out the word not required in this line.

Age,

35

Years,

Months,

Days.

Color, white

Married, Single, Widowed or ~~Widower~~, { Cross out the words not required in this line.

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.)

Germany

Duration of Residence in the City of Baltimore,

unknown

Place of Death, { Give street and number.

9 Elizabeth Lane

Cause of Death, { First (Primary,) Second (Immediate,)

Dysentery

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

St. Alphonsus Burying Ground

Date of Burial,

July 21st

Undertaker,

B. Harle

Place of Business,

411 Light St

Address

14 E. Hanover

Medical Attendant.

M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

City of Baltimore

Permit No. 19365

OFFICE OF REGISTRAR OF VITALS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 20th 1917

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Patrick Gill

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 30 ? Years,

Months,

Days.

Color, white

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Turner

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Ireland

6 mos

Duration of Residence in the City of Baltimore,

3 weeks

Place of Death, { Give street and number. }

Baltimore & Front St

Cause of Death, { First (Primary),
Second (Immediate), }

Gun shot wound thro' hips
thro' hips

Duration of Last Sickness,

Sudden death

All the above information should be furnished by the Physician.

Place of Burial, St Vincent Cemetery

Date of Burial,

July 21st 1917

{ Undertaker,

W. W. Meard

{ Place of Business,

45 N Gay St

Address

Coroner in C.D.

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 19366,

OFFICE OF REGISTRAR OF VITALS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said person, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 20th, 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mrs. R. Byrne

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 38 Years, Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Salesman

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Ball

Duration of Residence in the City of Baltimore, All life

Place of Death, { Give street and number. } Front & Fayette

Cause of Death, { First (Primary,) Gunshot wound thru head entering right forehead
Second (Immediate,) }

Duration of Last Sickness, Sudden death

All the above information should be furnished by the Physician.

Place of Burial, ~~St. Patrick's Cemetery~~ Old Cathedral Cemetery

Date of Burial, July 23^d 1877

Undertaker, Jas. P. Byrne

Place of Business, 63 Front St

Address, Corner N. P. D.

Edmund R. R. Valen M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 19367

OFFICE OF REGISTRAR OF VITALS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 20th

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Louis Sinevitch

Sex, Male or Female,

Cross out the word not required in this line.

Age,

25

Years,

Months,

Days.

Color,

White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~,

Cross out the words not required in this line.

Occupation,

Shoemaker

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore

Duration of Residence in the City of Baltimore,

all his life

Place of Death,

Give street and number.

Balt St bet Front & St Paul

Cause of Death,

First (Primary.)

Gun shot wound thro' root of neck

Second (Immediate.)

left side

Duration of Last Sickness,

Sudden death

All the above information should be furnished by the Physician.

Place of Burial,

St Patrick Cemetery

Date of Burial,

July 23rd 1877

Edm J Burke

M. D.

Medical Attendant

Undertaker,

Car V Byrne

Place of Business,

63 Third St

Address

Coron on Rd

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

City of Baltimore
Permit No. 19368 OFFICE OF REGISTRAR OF VITALS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 20th
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George McDonald
Sex, Male or Female, { Cross out the word not required in this line. }
Age, 24 Years, Months, Days.
Color, white
Married, Single, Widower or Widow, { Cross out the words not required in this line. }
Occupation, Carpenter
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Balt City
Duration of Residence in the City of Baltimore, all his life
Place of Death, { Give street and number. } Balt bet Front St Paul
Cause of Death, { First (Primary,) Shot thru left lower jaw near middle
Second (Immediate,) lime ball passing directly backward }
Duration of Last Sickness,
All the above information should be furnished by the Physician.
Place of Burial, St Patrick Cemetery
Date of Burial, July 23^d 1877
{ Undertaker, Jas P Byrne } Address, Corner M & P St
{ Place of Business, 63 Front St }

E. M. Walker M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 193 69

OFFICE OF REGISTRAR OF VITALS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said person, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 20th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

John Conrad Phelps

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age,

Years,

15

Months,

Days.

Color,

White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

15 years.

Place of Death, { Give street and number. }

6 Patterson Lane

Cause of Death, { First (Primary.)
Second (Immediate.) }

Cholera Infantum

Duration of Last Sickness,

10 days.

All the above information should be furnished by the Physician

Place of Burial, St Peter's Cemetery

Date of Burial, July 22^d 1877

{ Undertaker, H. W. Mears

{ Place of Business,

45 N E St

Eldridge C. Price M. D.
Medical Attendant.

Address 262 Madison Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 19370

OFFICE OF REGISTRAR OF VITALS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 20th
 Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm. Howard
 Sex, Male ~~or Female~~, { Cross out the word not required in this line. }
 Age, 15 Years, Months, Days.
 Color, White

~~Married~~, Single, ~~Widow~~ ~~or Widower~~, { Cross out the words not required in this line. }

Occupation, News boy

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary.) Second (Immediate.) }

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial,

Date of Burial,

{ Undertaker,

{ Place of Business,

Edw. D. Walker M. D.
 Medical Attendant.

Address Coroner in O. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 19371

OFFICE OF REGISTRAR OF VITALS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said person, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 20th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Otto Monaca (Manecke)

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 40 Years,

Months,

Days.

Color, white

Married, ~~Single~~, ~~Widow~~, ~~Divorced~~, { Cross out the words not required in this line. }

married

Occupation, Painter

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Germany

Duration of Residence in the City of Baltimore,

7 years

Place of Death, { Give street and number. }

Balt between 7th and 7th St Paul

Cause of Death, { First (Primary.) Second (Immediate.) }

Gunshot wound just below left eye

Duration of Last Sickness,

sudden death

All the above information should be furnished by the Physician.

Place of Burial,

St. Daniel Cemetery

Date of Burial,

July 23rd 1877

Edmund R. Walker M. D.

Undertaker,

Henry Sander

Place of Business,

252 Canton Ave

Address Corner In P. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITALS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 7-4-19 Au

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } N. Hall

Sex, *Male or Female*, {Cross out the word not
required in this line.} *Male*

Age, 2 - Years, 5 - Months, - - - Days.

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not
required in this line.}

Occupation,

Birthplace, { State or country (and how
long in the United States,
if of foreign birth.) }

Duration of Residence in the City of Baltimore, 3 Months

Place of Death, { Give street and
number. }

Cause of Death, { First (Primary,)
Second (Immediate.)

Duration of Last Sickness, 16 Days

All the above information should be furnished by the Physician

Place of Burial, *W. P. Carey & L. S. Ruddenbush*

Date of Burial, July 21 1877 Medical Attendant.

Undertaker, *M. H. C. Fisher* Address *106 Columbia St.*
Place of Business, *Providence*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No. *19373*

OFFICE OF REGISTRAR OF VITALS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 21-1877-

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Ella Parker

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age, *4 weeks* Years, *Months*, *Days*

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Balto. City

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give street and number. }

460 Saratoga St.

Cause of Death, { First (Primary,) Second (Immediate,) }

Cyanosis

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Western Cemetery

Date of Burial,

Louis W. Knight

M. D.

Medical Attendant.

Undertaker,

Se J. Samuels

Place of Business,

424 Saratoga

Address

112 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 19374

OFFICE OF REGISTRAR OF VITALS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *and* out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *July 21 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Marianne Maria Miller*

Sex, Male or Female, { Cross out the word not required in this line. } *Female*

Age, *21* Years, *21* Months, *21* Days.

Color, *White* Sex, *Female*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Single*

Occupation, *None*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore, Md.*

Duration of Residence in the City of Baltimore, *Life*

Place of Death, { Give street and number. } *No. 1, Howard St.*

Cause of Death, { First (Primary), Second (Immediate), } *Cholera Infantis*
Convulsion

Duration of Last Sickness, *Two weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Baltimore Cem*

Date of Burial, *July 23rd 1877*

J. D. Schuman M. D.
Medical Attendant.

{ Undertaker, *Wm. T. Scriber* Address

{ Place of Business, *271 N. Eutaw St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 19375

OFFICE OF REGISTRAR OF VITALS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 20th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

John Reinhardt

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 16 Years,

Months,

Days.

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Photographer

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Balto. City

Duration of Residence in the City of Baltimore, all life

Place of Death, { Give street and number. }

Balto St. bet. Front & St. Paul

Cause of Death, { First (Primary),
Second (Immediate). }

Gun Shot Wound
through Body
Sudden Death

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 22nd 1877

{ Undertaker, Henry Schultze }

{ Place of Business, Monument St }

Edm J R Walzen M. D.
Medical Attendant

Address Corner M & D

1 Copy

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 19376

OFFICE OF REGISTRAR OF VITALS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said person, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 18 Years,

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary), Second (Immediate), }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

{ Undertaker,

{ Place of Business,

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITALS

Permit No. 19377

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 21st 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Owen Titmonice

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 2 Years, Months, Days,

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, none

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } West of Goodmans Alley

Cause of Death, { First (Primary,) Cholera Infantum }
{ Second (Immediate,) " " }

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician

Place of Burial, St Vincents Co

Date of Burial, July 22nd 1877

Undertaker, J. P. Byrne

Place of Business, N. Liberty St Address

J. A. Blair M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Mr Kelly 58 Mulberry St [OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITALS

Permit No. 19378

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 21st 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Thaler

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, Years, 4 weeks. Months, Days,

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Germ. City -

Duration of Residence in the City of Baltimore, 4 weeks.

Place of Death, { Give street and number. } 23 Orleans St

Cause of Death, { First (Primary.) Second (Immediate.) } Cholera Infantum.

Duration of Last Sickness, I was called to see the child at 6 o'clock on July 21st.

All the above information should be furnished by the Physician

Place of Burial, First Grand St Cemetery

Date of Burial, July 22nd 77 J. H. Mayson M. D. Medical Attendant.

Undertaker, Geo Eilau

Place of Business, 101 Gough St Address 18 Arisquell St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

[OVER.]

Permit No. 19379

OFFICE OF REGISTRAR OF V

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said person, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

20th July 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Mary Hughes

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 2 Years,

4 Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Balto Md

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

112 Osterud St

Cause of Death, { First (Primary,) Second (Immediate,) }

Diphtheria
one week

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial,

St. Patrick's Church
A. M. Dodge

M. D.

Medical Attendant.

Date of Burial,

July 23rd 1877

{ Undertaker,

Julius Kachler

Address

207 N. Main St

{ Place of Business,

Care of Harper Bros etc

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 19380

OFFICE OF REGISTRAR OF VITALS

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

Date of Death,

July 21 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Robert Collins

Sex, Male or Female, { Cross out the word not
required in this line.

Age, 69 Years,

Months,

Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not
required in this line.

In aniel

Occupation,

Carpenter

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Carroll County Md
40 years

Duration of Residence in the City of Baltimore,

40 years

Place of Death, { Give street and }
number.

196 N From out

Cause of Death, { First (Primary,)
 { Second (Immediate,)

Cancer of Stomach

Duration of Last Sickness,

7. on the

All the above information should be furnished by the Physician.

Place of Burial,

Western Corn

Date of Burial,

July 22

S T King, M.

M. D.

Medical Attendant.

(Undertaker,

L. A. Bizzoni

Place of Business.

211 Penn³⁰ av

Address

112 N Greene St

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No. 19381

OFFICE OF REGISTRAR OF VITALS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, and to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 18th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Lavinia Wilson

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Female

Age,

Years,

4 1/2 Months,

Days.

Color,

white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Queen Anne's Co Md

Duration of Residence in the City of Baltimore,

3 mos.

Place of Death, { Give street and number. }

Prot. Inf. Asylum

Cause of Death, { First (Primary), Second (Immediate), }

Tubercular Meningitis

Duration of Last Sickness,

6 days

All the above information should be furnished by the Physician.

Place of Burial,

Borden Park

Date of Burial,

July 21

{ Undertaker,

B. H. Blizzard

{ Place of Business,

201 Seneca

Address

C. F. Brown M. D.

Medical Attendant.

241 Linden Ave

Lanvale

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 19382

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 21st of 1877

Full Name of Deceased, { Write legibly and spell correctly. If on infant not named, give names of parents. } Mary Florence Wickesser.

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, eight Years, Months, Days.

Color, White Sex, female

Married, Single, Widowed or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } In the City of Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } Sanvale St. N^o 223.

Cause of Death, { First (Primary,) Tuberculous meningitis cerebrospinal
Second (Immediate,)

Duration of Last Sickness, 14 days.

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, July 22

{ Undertaker, C. H. Blizzard

{ Place of Business, 201 Pen a

Dr. Joseph Lopez

M. D.

Medical Attendant.

Address N^o 414

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No. 19383

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 21st 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Elizabeth Ellen Myers

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, Months, 9 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore 4 2 Abbey Alley

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number } 4 2 Abbey Alley

Cause of Death, { First (Primary.) } Malarial fever

{ Second (Immediate,) } In action

Duration of Last Sickness, 19 Days

All the above information should be furnished by the Physician

Place of Burial, Mount Airy

Date of Burial, July 22nd

Undertaker, T. Stackhouse

Place of Business, 223 Light St. Address 369 S. Paca St.

W. W. Colburn M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 193814

OFFICE OF REGISTRAR OF VITALS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said person, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 20th
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Cornelius Murphy
Sex, Male or Female, { Cross out the word not required in this line. }
Age, 21 Years, Months, Days.
Color, white
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation, Drudge
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Boston Mass
Duration of Residence in the City of Baltimore, 20 years
Place of Death, { Give street and number. } On line of Balt St between Front & St Paul
Cause of Death, { First (Primary,) Gunshot wound thro neck
Second (Immediate,) }
Duration of Last Sickness, sudden death
All the above information should be furnished by the Physician.
Place of Burial, St Vincent Cemetery
Date of Burial, July 22^d 1877 } Edmond R. Walker M. D. Medical Attendant
{ Undertaker, Henry H. Mears
{ Place of Business, 45 N. Gay St } Address Corom in P. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 19385

OFFICE OF REGISTRAR OF VITALS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 21 1897

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Gas Donaldson

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 32

Years,

Months,

Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Laborer

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Ireland - 12 years in US

Duration of Residence in the City of Baltimore, 6 years

Place of Death, { Give street and number. }

Townsend St near E. Harbor

Cause of Death, { First (Primary,) Second (Immediate,) }

Crushed by earth in a sewer drain, which was long excavated sudden death

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial,

July 23/97

{ Undertaker,

{ Place of Business,

Wm. J. G. & Co.
54 W Broadway

Edw. J. Krueger M. D.
Medical Attendant.

Address Corner M. P. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No. 19386

OFFICE OF REGISTRAR OF VITALS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 21st July 1879

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William Boyd

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Two weeks Years

Months,

Days.

Color, ed

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Lawrence's Al near Franklin St.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Little Monument St 47

Cause of Death, { First (Primary,) Second (Immediate,) }

Cholera infantum.

Duration of Last Sickness,

Two days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 23rd 1879

Undertaker, J. C. Weaver

Place of Business, No 486 Broad Hill Avenue

Wm. S. Day

M. D.

Medical Attendant.

Address

Baltimore Disp.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, the full name, sex, age and condition (whether married or single) of the person deceased, and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 19387

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of the person, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 22 1877

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

William Engel

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

50

Years,

4 Months,

15 Days.

Color,

white

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Marble Cutter

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Germany

Duration of Residence in the City of Baltimore,

18 years

Place of Death,

{ Give street and number. }

364 S Eustaw St
Phthisis Pulmonalis

Cause of Death,

{ First (Primary),
Second (Immediate), }

Duration of Last Sickness,

About 10 months

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore cemetery

Date of Burial,

July 23 1877

Harvey Hill

M. D.

Medical Attendant.

Undertaker,

Charles E. Howard

Place of Business,

167 Hanover St

Address

119 Edmund St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

S A F E T Y

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITALS.

Permit No. 19388

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, and to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 21st 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Remus Louis Surgenue

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, One Year, Months, 14 Days.

Color, White

Married, Single, Widowed or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } No 242 Eastern Avenue

Cause of Death, { First (Primary,) Cholera Infantum
Second (Immediate,) 14 days

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemetery

Date of Burial, July 22nd 1877

{ Undertaker, H. Froehlich
Place of Business, 246 Eastern Ave }

Thomas J. Evans M.D.
Medical Attendant.
Address No 18 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITALS

Permit No. 19389

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 20 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } James H. Cromwell

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Years, Fifteen Months, Days.

Color, Colored Sex, Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Baltimore

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 7 Booth St

Place of Death, { Give street and number. } 7 Booth St

Cause of Death, { First (Primary,) Cholera Infantum
Second (Immediate,) Convulsion

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 21 1877

{ Undertaker, Wm. Lang Address 93 Green St
Place of Business, 603 East St

J. L. M. D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 17390

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 20th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sarah E. Johnson

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

Years,

6 Months,

Days.

Color,

Blk

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Balt. city

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

No. 105 S. Surham St.

Cause of Death, { First (Primary,) Second (Immediate,) }

Diphtheria

convulsion

Duration of Last Sickness,

3 days

All the above information should be furnished by the Physician

Place of Burial,

Laurel Cem

Date of Burial,

July 22 1877

{ Undertaker,

John W. Locks

{ Place of Business,

57 S. Wolfe St.

R. W. Mansfield M. D.
Medical Attendant.

Address

117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 11

OFFICE OF REGISTRAR OF VITALS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said person, if requested so to do, under penalty of laws.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years,

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cemetery

Date of Burial, July 22nd 1877

{ Undertaker, M. A. Daiger }

{ Place of Business, 74 S Broadway }

Address

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No. 19372

OFFICE OF REGISTRAR OF VITALS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately*, the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 22nd 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William Roman

~~Sex~~, Male or Female, { Cross out the word not required in this line. }

Age, 4 years Years, _____ Months, _____ Days.

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number. } 16 Hawth St

Cause of Death, { First (Primary,) Second (Immediate,) } Dysentery

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician

Place of Burial, St Alphonsus Church

Date of Burial, 23rd July 1877

{ Undertaker, Geo Limboch

{ Place of Business, 389 W. Pratt St

Address 82 S. Holmes St

Dr H. Alderdice M. D.
Medical Attendant
per J. M. M.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITALS

Permit No. 19393

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 31. 77

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Sophia Curry

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, Years, about 2 Months, X Days.

Color, wh

Married, Single, Widowed, { Cross out the word not required in this line. } Single

Occupation, Balt.

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Do not know child was left at house by unknown

Duration of Residence in the City of Baltimore, parties some 6 weeks ago.

Place of Death, { Give street and number. } 28 Warner

Cause of Death, { First (Primary,) Second (Immediate,) } Inanition

Duration of Last Sickness, ~

All the above information should be furnished by the Physician

Place of Burial, Baltimore

Date of Burial, July 23. 1877

{ Undertaker, W. J. Enman

{ Place of Business, 518 W Balt St Address 55 W Greene St

W. J. Enman M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 19394

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *July, twenty second, 1897*
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Magdalena Hartman*
Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }
Age, *30* Years, *11* Months, *2* Days.
Color, *White* Sex, *Female*

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, *Always*

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, *Western Cemetery*

Date of Burial, *July 23rd 1897*

{ Undertaker, *McDermott & Co.*

{ Place of Business, *118 Druid Hill Ave.*

Samuel H. Henry M. D.
Medical Attendant.

Address *198. Druid Hill Ave.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITALS

Permit No. 19395

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 21 - 1899

Full Name of Deceased, { Write legibly and spell correctly. If no infant not named, give names of parents. } Hester Smith

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Fourteen Years, Months, Days.

Color, Dark

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, House Maid

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give street and number. } No 46 Little Monument St

Cause of Death, { First (Primary,) Pulmonary Consumption
Second (Immediate,) About two months

Duration of Last Sickness, About two months

All the above information should be furnished by the Physician

Place of Burial, Laurel cemetery

Date of Burial, July 23^d

{ Undertaker, John G. Jordan

{ Place of Business, 23 South St

John R. Radin M. D. Medical Attendant.
Address 87 Malberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 19396

OFFICE OF REGISTRAR OF VITALS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 3 Years, Months, Days.

Color, black

Sex, female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate.) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 23

{ Undertaker, McCallister Bros

{ Place of Business, 180 Main St

Address

M. D.

Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Permit No. 9397

OFFICE OF REGISTRAR OF VITALS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *July 22.*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *George M. Miller*

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, *—* Years, *3* Months, *13* Days.

Color, *Black*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, */*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore*

Duration of Residence in the City of Baltimore, *Since Birth*

Place of Death, { Give street and number. } *211. Haverbury*

Cause of Death, { First (Primary,) Second (Immediate,) } *Diarrhea*

Duration of Last Sickness, *2 weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Sharp St*

Date of Burial, *July 23rd*

Undertaker, *Harold Ross*

Place of Business, *180 Mer St*

Address, *146 Haverbury*

Sheldon Cook M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit

9398

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 20th 1877.

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Mrs. Holland.

Sex, Male or Female,

Cross out the word not required in this line.

Age,

Years,

11 Months,

Days.

Color,

Mulatto.

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore Ind.

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

306 S. Howard St.

Cause of Death,

First (Primary.)

Second (Immediate.)

Nothing.

Convulsions.

Duration of Last Sickness,

about 2 weeks.

All the above information should be furnished by the Physician.

Place of Burial,

Laurie Cemetery

Date of Burial,

July 23rd

Undertaker,

Wm. C. Ross

Place of Business,

18 Mes St

J. D. White

M. D.

Medical Attendant.

Address

Southern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 399.

OFFICE OF REGISTRAR OF VITALS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *July 19th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Eleanor Davis*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, _____ Years, *8* Months, *9* Days.

Color, *ed*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore*

Duration of Residence in the City of Baltimore, _____

Place of Death, { Give street and number. } *East St No 57*

Cause of Death, { First (Primary,) Second (Immediate,) } *Improper feeding*
Diarrhea

Duration of Last Sickness, *Four Weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Green Cemetery*

Date of Burial, *July 20th 1877* *E. C. Baldwin* M. D.
Medical Attendant.

{ Undertaker, *William L. Lingle* Address *124 N. E. St*
Place of Business, *62 East*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 194110

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 22nd 1877

Full Name of Deceased, Kate Edwards

Sex, Male or Female, ☒ Male ☐ Female

Age, Years, Months, 3 Days.

Color, Colored Sex, ☒ Male ☐ Female

Married, Single, Widow or Widower, ☒ Single ☐ Married ☐ Widow ☐ Widower

Occupation,

Birthplace, State or country (and how long in the United States, if of foreign birth.) Balto

Duration of Residence in the City of Baltimore,

Place of Death, Give street and number. 160 East St

Cause of Death, First (Primary,) Convulsions
Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Saint Edmund's

Date of Burial, July 23

Undertaker, William J. Lague

Place of Business, 62 East St

Address, 1029 Annapolis

Medical Attendant, Daniel Howell M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITALS

Permit No. 19411

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, — Years, Eleven Months, — Days.

Color, Black Sex, Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 23

{ Undertaker, William L. Taylor

{ Place of Business, 62 East St

W. L. Taylor M. D.
Medical Attendant.

Address 175 Aisne St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 194112

OFFICE OF REGISTRAR OF VITAL ST.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 21, 1892

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Alexander Sharp

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age,

Years,

Eight

Months,

—

Days.

Color,

Black

Sex,

Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

—

Occupation,

—

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Wagers St.

Cause of Death, { First (Primary),
Second (Immediate). }

Enteric Colitis

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Lanel Cemetery

Date of Burial, July 23

{ Undertaker, William of Lungu

{ Place of Business,

J. C. Ireland M. D.
#17 St. Prognath Medical Attendant.
Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No. 19403,

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 22nd 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Gustav A. Gannke

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 1 Years,

7 Months,

15 Days.

Color,

Married, Single, Widowed or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Balt.-City

Duration of Residence in the City of Baltimore,

Life time

Place of Death, { Give street and number. }

Bel air Road near Washington

Cause of Death, { First (Primary,) Second (Immediate,) }

Dentition & Diarrhoea (neglected)
Cholera Infantum

Duration of Last Sickness,

One month - of Diarrhoea that was due

to bathing as the mother stated and treatment by a Physician. All the above information should be furnished by the Physician.

Place of Burial,

St. Matthew's Church

Date of Burial,

July 23, 1877

Undertaker,

C. J. J. J. J. J.

Place of Business,

Easton Ave

Address

341 N. Broadway

M. D. White, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 9404

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurate, out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 22 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sophy A. Specketer

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age,

1

Years

6

Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

city

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

21. Fifth North St.

Cause of Death, { First (Primary,) Second (Immediate,) }

Cholera Infantum

Duration of Last Sickness,

Three weeks,

All the above information should be furnished by the Physician.

Place of Burial,

Trinity Cemetery

Date of Burial,

July 23rd 1877

Abram B. Arnold

M. D.

Medical Attendant.

{ Undertaker,

John Frey

{ Place of Business,

91 E. ten

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 19405

OFFICE OF REGISTRAR OF VITALS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 22nd 1899

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Thos P O'Connor

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

44

Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Labore

Birthplace, { State or country (and how long in the United States, if not foreign birth.) }

Ireland

Duration of Residence in the City of Baltimore,

28 years

Place of Death, { Give street and number. }

Corson St near Charles

Cause of Death, { First (Primary.) Second (Immediate.) }

Crushed by fall of earth in a sewer drain ditch

Duration of Last Sickness,

sudden

All the above information should be furnished by the Physician.

Place of Burial,

Prosser

Date of Burial,

July 23 1899

Undertaker,

Henry H. H. H.

Place of Business,

357 N. Calver St

Edmund R. Walker

M. D.

Medical Attendant.

Address

Corson M P S

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 19406

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *July 23rd 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Eliza Strohl*

Sex, Male or Female, { Cross out the word not required in this line. } *Female*

Age, *nearly 8* Years, Months, Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Balto city*

Duration of Residence in the City of Baltimore, *Since Birth*

Place of Death, { Give street and number. } *No 26 Hanover St*

Cause of Death, { First (Primary) Second (Immediate,) *Malignant Scarlet Fever*

Duration of Last Sickness, *7 days*

All the above information should be furnished by the Physician.

Place of Burial, *Fells Point Cemetery*

Date of Burial, *Today 1 O'clock*

Undertaker, *Jacob Muller*

Place of Business, *No 21 Hanover St.* Address *121 E Balto St*

Ridgway Andrew M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurate, out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 22nd 1887

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Mrs P Rooney

Sex, Male or Female,

Write word not required in this line.

Age,

23

Years,

Months,

Days.

Color,

Light

Married, Single, Widowed or

~~Widowed~~

Cross out the words not required in this line.

Occupation,

Laundry

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

New York

Duration of Residence in the City of Baltimore,

22 years

Place of Death,

Give street and number.

25 Foster Alley

Cause of Death,

First (Primary), Second (Immediate),

Accidental fall of earthen

Duration of Last Sickness,

sudden death

All the above information to be furnished by the Physician.

Place of Burial,

Cathedral Cemetery

Date of Burial,

July 23rd 1887

Edmund R. Walsh

M. D.

Medical Attendant.

Undertaker,

Thomas F. Johnson

Address

Coron In P.D.

Place of Business,

222 E. Main St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITALS

Permit *9408*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *decently filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *July 22nd. 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Edward Hornwood*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, *11* Years, *22* Months, *22* Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore City*

Duration of Residence in the City of Baltimore, *Life time*

Place of Death, { Give street and number. } *368 Alice Anna*

Cause of Death, { First (Primary.) Second (Immediate.) } *Cholera Infantum*

Duration of Last Sickness, *Two months*

All the above information should be furnished by the Physician

Place of Burial, *Baltimore Cemetery*

Date of Burial, *July 24th 1877* *James E. Drummell* M. D. Medical Attendant.

{ Undertaker, *Henry Sander*

{ Place of Business, *252 Canton av*

Address *277 E. Baltimore St.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 194119

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 23rd 1877

Full Name of Deceased,

Write fully and spell correctly. If an infant not named, give names of parents.

John Grady

Sex, Male or Female,

Cross out the word not required in this line.

Age,

11

Years,

5

Months,

Days.

Color,

White

Sex,

Male

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore

Duration of Residence in the City of Baltimore,

Lifetime

Place of Death,

Give street and number.

No 26 Church

Cause of Death,

First (Primary),

Second (Immediate),

Typhoid Fever

Ulceration of bowels

Duration of Last Sickness,

About 2 weeks

All the above information should be furnished by the Physician.

Place of Burial,

Balt Cemetery

Date of Burial,

23rd July

Undertaker,

Peter Hummer

Place of Business,

317 Mulberry St

Address

D. P. Hoffman

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 19410

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 21

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Charles Golden

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 45 Years, Months, Days.

Color, African

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Laborer

Occupation, Laborer

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Maryland

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number. } 93 Harmony Lane

Cause of Death, { First (Primary,) } Bright's Disease

{ Second (Immediate,) } 2 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 23

{ Undertaker, William J. Lingua } L. H. P. Ellis M. D.

{ Place of Business, 62 East St } Address 601 Schenck Taylor St

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No. 19411

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 21 1897

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry Frederick Seedling

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 1 Years, — Months, 2 Days.

Color, W

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Balto

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 27 Bevan

Cause of Death, { First (Primary,) Second (Immediate,) } Diphtheria

Duration of Last Sickness, 4 weeks (or more) probably

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 23

{ Undertaker, Henry Bräuer } Address

{ Place of Business, Annietta St 81 }

Medical Attendant, D. L. Hall M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 19412

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 22nd 1917

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Edward A. Lauterbach

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 11 Years, 0 Months, 9 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word is not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 179 German St.

Cause of Death, { First (Primary,) Second (Immediate,) } Diphtheria,

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician

Place of Burial, Baltimore Cemetery

Date of Burial, July 24th

{ Undertaker, Henry Bruck

{ Place of Business, Kenneth St 81

Address

John A. Hager M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 413,

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 23rd 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Walter Clinton James.

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years,

5 Months,

22 Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

336 Franklin St.

Cause of Death, { First (Primary,) Second (Immediate,) }

Cholera Infantum.
12 days.

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial,

London Park

Date of Burial,

30th 77

{ Undertaker,

A. H. Haden

{ Place of Business,

Bricklayer

Address

336 Franklin St.

J. H. C. Liddell, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 19414

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 22nd 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William E. Brown

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 2 Years, 4 Months, 6 Days.

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 1311 McEldred St

Cause of Death, { First (Primary,) Second (Immediate,) } Cholera

Duration of Last Sickness, _____

All the above information should be furnished by the Physician

Place of Burial, Green Mt. Cemetery

Date of Burial, 24th July 1877

Undertaker, Hyatt & Sons

Place of Business, 16 Light St

Address 1211 McEldred St

J. W. McEldred, M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

CITY OF BALTIMORE, CITY OF BALTIMORE,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 19415

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 21st

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Kate Montgomery

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, 22 Years, Months, Days.

Color, white

Married, ~~Single~~ Widowed, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Alameda St at

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 2734 Franklin St

Cause of Death, { First (Primary) } Cancer { Second (Immediate), }

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, 24 July

{ Undertaker, Chas J. Scriven

{ Place of Business, 271 N. Eutaw St Address

M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 194 16,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 21st

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents }

Elizabeth Holly

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, Eighteen Years,

Months,

Days.

Color, Black

~~Married~~ Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

St Mary county Maryland

Duration of Residence in the City of Baltimore,

Sixteen years

Place of Death, { Give street and number. }

257 Montgomery St

Cause of Death, { First (Primary,) Second (Immediate,) }

Tubercular Enteritis

Duration of Last Sickness,

Nine Months

All the above information should be furnished by the Physician

Place of Burial,

Sharp St Cemetery

Date of Burial,

July 23

{ Undertaker,

J Davis

{ Place of Business,

107 Lee St

Address

45 Conway St

Julius Hall M. D.
Southern Dispensary
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth; as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 9417

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 22nd 77

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Frances Hehl

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age,

Years,

7

Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Ad

Duration of Residence in the City of Baltimore,

Lifetime

Place of Death, { Give street and number. }

335 Harford Ave.

Cause of Death, { First (Primary,) Second (Immediate,) }

Scarlet fever
12 days

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial,

St. Alphonsus Cemetery

Date of Burial,

July 24 1877

Geo. Brooke Boyle M. D.
Medical Attendant.

{ Undertaker,

Henry J. Gault

{ Place of Business,

304 Central Ave.

Address

166 E. Eager St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19418.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 22^d 8 O'clock A.M.
 Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Johanna Louisa Shulky
 Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female
 Age, Years, 9 Months, 28 Days.
 Color, White Sex, Female
 Married, Single, ~~Widow~~ { Cross out the words not required in this line. } Single
 Occupation,
 Birthplace, { State or country (and how long in the United States, if of foreign birth. } 52 O'Donnell St.
 Duration of Residence in the City of Baltimore, Since birth
 Place of Death, { Give street and number. } 52 O'Donnell St.
 Cause of Death, { First (Primary,) Cholera profusa
 { Second (Immediate,) do do Marasmus
 Duration of Last Sickness, 31 days
 All the above information should be furnished by the Physician.
 Place of Burial, St Paulus Cemetery J. E. Richard M. D.
 Date of Burial, July 23rd 1877 Medical Attendant.
 { Undertaker, E. Eckhard Address 28 O'Donnell St.
 { Place of Business, 269 Canton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19419

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 22nd 1877
 Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Florence Smothers
 Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }
 Age, 1 Years, 4 Months, Days.
 Color, cold

Married, Single, Widow or Widower, { Cross out the word not required in this line. }
 Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }
 Duration of Residence in the City of Baltimore, Balto City

Place of Death, { Give street and number. } 98 St. Mary's St.

Cause of Death, { First (Primary,) } Dementia
 { Second (Immediate,) } Convulsion

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician

Place of Burial, N. Pub Cemetery

Date of Burial, July 23rd 1877

Undertaker, M. W. C. Perry

Place of Business, Pratt St

Address, Commissioner of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Benj. Jenkins Father & adoption [OVER!]

Permit No. 19429

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 22 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give name of parents. } Anna McNeely

Sex, Male or Female, { Cross out the word not required in this line. } ~~Male~~ Female

Age, Years, 3 Months, 7 Days.

Color, Colored Sex,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Lifelong

Place of Death, { Give street and number. } 3. St. James St

Cause of Death, { First (Primary,) Second (Immediate,) } Phthisis

Duration of Last Sickness, Lifelong

All the above information should be furnished by the Physician.

Place of Burial, Mt. All Souls E. H. Russell M. D.

Date of Burial, July 23 1877 Medical Attendant.

{ Undertaker, Miller & Dwyer Address 157. Argonne St.

{ Place of Business, 10 Superior St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,
Permit No. 1942/

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 20th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

John S. Ruse

Sex, Male ~~or Female~~

{ Cross out the word not required in this line. }

Age,

50

Years,

Months,

Days.

Color,

White

Married,

~~Single, Widower or Widow~~

{ Cross out the words not required in this line. }

Occupation,

Merchant

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

All his life

Place of Death,

{ Give street and number. }

403 Eutaw Place

Cause of Death,

{ First (Primary.) }

{ Second (Immediate.) }

Obstruction of Bowels

Duration of Last Sickness,

18 Hours

All the above information should be furnished by the Physician

Place of Burial,

Green Mount Cemetery

Date of Burial,

July 23rd 1877

{ Undertaker,

M. A. Baizer

{ Place of Business,

74 S. Broadway

C. H. Williams M. D.
Medical Attendant.

Address 201 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19422

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 22, 1877.

Full Name of Deceased, William Barnes

Sex, Male or Female, Male

Age, Thirty Years, Months, Days.

Color, Black

Married, Single, Widow or Widower, Married

Occupation, City.

Birthplace, State or country (and how long in the United States, if of foreign birth.)

Duration of Residence in the City of Baltimore, 166. S. Talbot St.

Place of Death, { Give street and number. }

Cause of Death, { First (Primary.) Phtisis. (Hemoptisis.) Second (Immediate.) 2 yrs.

Duration of Last Sickness, All the above information should be furnished by the Physician.

Place of Burial, Talbot St Cemetery

Date of Burial, July 23 1877

{ Undertaker, J. H. Smith } Address

{ Place of Business, South Wolf St }

M. D. J. C. Deland

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19423,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sunday Night July 22nd 1877

Full Name of Deceased, Elizabeth Caldwell, Write legibly and spell correctly. If an infant not named, give names of parents.

Sex, Male or Female, Cross out the word not required in this line.

Age, 8 Months, 21 Days.

Color, White

Married, Single, Widow or Widower, Cross out the word not required in this line.

Occupation,

Birthplace, State or country (and how long in the United States, if of foreign birth)

Duration of Residence in the City of Baltimore, Balt. City

Place of Death, Give street and number

Cause of Death, First (Primary), Second (Immediate),

Duration of Last Sickness, Convulsions

All the above information should be furnished by the Physician

Place of Burial, Balto. Cem.

Date of Burial, July 23, 1877

Undertaker, John J. Podeminger, Address

Place of Business, Cor. Green and Ave

Monument St

Witness Brinton M. D. Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19424,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 22nd 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Wm James Smith

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 9 Years, 3 Months, Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Baltimore City

Place of Death, { Give street and number. }

35 State Street
Pneumonia

Cause of Death, { First (Primary).
Second (Immediate). }

Duration of Last Sickness, 2 months

Place of Burial, Sharp St. Amos J. Stenard, M. D.

Date of Burial, July 23rd 1877

{ Undertaker, S. W. Chas. Howard St. Address Commis of Health & Registrar }

{ Place of Business, }

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information Amada Baileys Grandmother [over]

Board of Health, City of Baltimore,

Permit No. 19425

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 21st. 1877
 Full Name of Deceased, { Write legibly & spell correctly. If an infant not named, give names of parents. } May C. Simpson
 Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }
 Age, 2 Years, Months, Days.
 Color, Colored.
 Married, Single, Widow or Widower, { Cross out the words not required in this line. }
 Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Balt. Md.
 Duration of Residence in the City of Baltimore, Since birth
 Place of Death, { Give street and number. } 211 Mc. Donough St.
 Cause of Death, { First (Primary.) } Marasmus
 { Second (Immediate,) } Ex Lungs, Liver.
 Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Laurel Hill
 Date of Burial, July 23 1877
 { Undertaker, The Locks }
 { Place of Business, 52 Jefferson St. }
 G. G. Stanley, M. D. Medical Attendant.
 Address Balt. & Wash. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19426

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 21st 1877
 Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Ida Stanley
 Sex, Male or Female, { Cross out the word not required in this line. } Female
 Age, Years, 2 Months, 7 Days
 Color, C
 Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single
 Occupation,
 Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto Md.
 Duration of Residence in the City of Baltimore, 2 mos
 Place of Death, { Give street and number. } 123 original st
 Cause of Death, { First (Primary,) Second (Immediate,) } Diarrhoea
 Duration of Last Sickness, 1st a week
 All the above information should be furnished by the Physician.
 Place of Burial, Dallas st
 Date of Burial, July 23 1877
 Undertaker, Geo Socks
 Place of Business, 56 Jefferson
 Address 84 E Balto St
 Chas. Morfit M. D. Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 19427

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately fill out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 21st 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Daniel S. Hawkins

Sex, Male ~~Female~~, { Cross out the word not required in this line. } Male

Age, _____ Years, Eleven Months, _____ Days.

Color, Black Sex, male

Married, Single, Widow or Widower, { Cross out the words not required in this line. } _____

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number. } 183 Mulliken St.

Cause of Death, { First (Primary,) Rachitis. Hydrocephalus. }
{ Second (Immediate,) }

Duration of Last Sickness, Eleven months.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Hill

Date of Burial, July 23 1877

{ Undertaker, Thos Locks }

{ Place of Business, 57 Jefferson }

John S. Lynch M. D.
Medical Attendant.

Address S. E. Cor. Broadway & Pratt.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 19428

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 21st 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Joseph ~~Henry~~ Loden

Sex, Male or ~~Female~~,

{ Cross out the word not required in this line. }

Age,

2

Years,

6

Months,

18

Days.

Color,

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

Since Birth

Place of Death,

{ Give street and number. }

288 Pennock St

Cause of Death,

{ First (Primary),
Second (Immediate), }

Grinings

Duration of Last Sickness,

Three days

All the above information should be furnished by the Physician.

Place of Burial,

Old Cathedral Church

Date of Burial,

July 23rd 1877

Undertaker,

John Hummer

Place of Business,

317 Mulberry St

W. R. McManis M. D.

Medical Attendant.

Address

582 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *19429*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *July 22* 18*77*

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. *Elizabeth Todel*

Sex, ~~Male~~ Female, Cross out the word not required in this line.

Age, *53* Years, *3* Months, *—* Days.

Color, *white*

Married, ~~Single~~ ~~Widow~~ ~~or~~ ~~Widower~~, Cross out the word not required in this line.

Occupation, *—*

Birthplace, State or country (and how long in the United States, if of foreign birth) *Germany — 9 yrs*

Duration of Residence in the City of Baltimore, *9 years*

Place of Death, Give street and number *494 Aliceanna St*

Cause of Death, First (Primary.) Second (Immediate.) *Cholera Morbus*

Duration of Last Sickness, *3 days*

All the above information should be furnished by the Physician

Place of Burial *St. Alphonsus*

Date of Burial, *July 23* 18*77* *J. J. St. Louis* M. D.

Undertaker, *M. France*

Place of Business, *280 Canton Ave*

Address *Commissioner of Health Registrar*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by M. France [OVER] *Undertaker*

Board of Health, City of Baltimore,

Permit No. 19430

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 23 - 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Hannah Harmon

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Female

Age,

Years,

10

Months,

Days.

Color,

Colored

Sex,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long to the United States, if of foreign birth. }

India

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

2 Wilmore St

Cause of Death, { First (Primary,) Second (Immediate,) }

Whooping Cough
Complication
3 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 24th 1877

{ Undertaker, J. W. J. Gray

{ Place of Business, 65 N. Holliday St

Address

207 W. Baltimore St

M. D.

Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 19431

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 22^d July 77

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Edwin Mathews

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 85 Years, Months, Days.

Color, Red

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Labourer

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } MD

Duration of Residence in the City of Baltimore, 12 yrs

Place of Death, { Give street and number. } 10 Martin alley

Cause of Death, { First (Primary.) Second (Immediate.) } Old age

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Catholic Cemetery

Date of Burial, July 24th 1877

Undertaker, John J. Gray

Place of Business, 65 Mulberry St

Chas. Sant'any Jr M.D.
Medical Attendant.

Address 129 W Beddle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. *19432*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 22nd 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

John Simpson Johnson

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

14

Years,

Six

Months,

Days.

Color,

Colored

Sex,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

No occupation.

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Baltimore.

Duration of Residence in the City of Baltimore,

all his life.

Place of Death, { Give street and number. }

No 36 Wyon Street

Cause of Death, { First (Primary), }

Diphtheria

{ Second (Immediate), }

Exhaustion.

Duration of Last Sickness,

4 days

All the above information should be furnished by the Physician.

Place of Burial,

Gravel Cemetery

Date of Burial,

July 23rd 1877

M. D.

Medical Attendant.

{ Undertaker,

John J. Gray

Address

No 160 Liberty St.

{ Place of Business,

45 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19433

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 22nd 1877

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. Rosetta Stewart

Sex, ~~Male~~ Female, Cross out the word not required in this line.

Age, 11 Years, 11 Months, 2 Days.

Color, Col'd

Married, Single, Widow or Widower, Cross out the word is not required in this line.

Occupation,

Birthplace, State or country (and how long in the United States, if of foreign birth)

Duration of Residence in the City of Baltimore, Baltimore City

Place of Death, Give street and number. No 2, St. James St

Cause of Death, First (Primary), Second (Immediate), Aspiration

Duration of Last Sickness, Summer Complaint

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, July 23rd 1877

Undertaker, H. W. Dungey M. D.

Place of Business, East St. Address Commissioner of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of birth and deaths of illegitimate children.

Information by Ella Stewart Mother [OVER]

Board of Health, City of Baltimore,

Permit No. *19434*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *July 22^d 1877*

Full Name of Deceased, { Write legibly and spell correctly if an infant not named, give names of parents. } *Isabella Williams*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, _____ Years, _____ Months, *6* Days.

Color, *Black* Sex, *female*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Balt^o*

Duration of Residence in the City of Baltimore, *2 days*

Place of Death, { Give street and number. } *5 Mc Clellan St*

Cause of Death, { First (Primary,) _____
Second (Immediate,) _____

Duration of Last Sickness, _____

All the above information should be furnished by the Physician.

Place of Burial, *Lanel Cemetery*

Date of Burial, *July 23*

Undertaker, *William D. S.*

Place of Business, *12 East St* Address *134 North High St*

E. C. Jordan M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. *19435*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 23rd

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Mary Douglas

Sex, ~~Male~~ or Female,

{Cross out the word not required in this line.}

Age,

Years,

Five

Months,

Days,

Married, Single, Widow or Widower,

{Cross out the words not required in this line.}

Occupation,

Birthplace,

{State or country (and how long in the United States, if of foreign birth.)}

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death,

{Give street and number.}

26 Horn St

Cause of Death,

{First (Primary,) Second (Immediate,)}

*Diphtheria
Convulsions
18 hours*

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Balt. Cemetery

Date of Burial,

24th July, 1879

Undertaker,

Smyth Bros.

Place of Business,

34 N. Broadway

A. S. Stinger M. D.
Medical Attendant.

Address *360 N. Broadway*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 19436

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

23rd. July 1872.

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Julius Schneider

Sex, Male or ~~Female~~, (Cross out the word not required in this line.)

Age,

1

Years,

4

Months,

Days.

Color,

white

Married, Single, Widow or Widower, (Cross out the words not required in this line.)

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore City

Duration of Residence in the City of Baltimore,

During Lifetime

Place of Death, { Give street and number. }

S. Castle Street 148

Cause of Death, { First (Primary,) Second (Immediate,) }

Cholera Infantum

Exhaustion

Duration of Last Sickness,

10 Days

All the above information should be furnished by the Physician.

Place of Burial,

St. Alphonsus Cemetery

Date of Burial,

July 24

Undertaker,

Wendelin Dippel

Place of Business,

S. Bond St. 151

William Henkel M.D.
Medical Attendant.

Address

S. Wolpert St. 117.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19437

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years,

Color,

Months,

Days.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick's Cemetery

Date of Burial, July 24th 1877

Undertaker, H. M. Gilmeyer

Place of Business, 341 Canton St.

Address

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19438

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Five minutes after 3 o'clock 28th July 1897 in morning

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Charles Howard Lucas

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, One Years, Eight Months, 19th Days.

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Since his birth

Place of Death, { Give street and number. } No 16, Washington 3 doors from Eager St

Cause of Death, { First (Primary,) Second (Immediate,) } Loecheria - Cholera Infantum - Acute Consumption
Brainstoca

Duration of Last Sickness, Since 3rd March, previously had Measles

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 29th

Undertaker, Geo Schilling

Place of Business, Ashland Square

Address 28 Forest Place
Baltimore City

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No. 19439

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

Years,

Months,

Days.

Color,

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give street and number. }

Cause of Death,

{ First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial,

Date of Burial,

{ Undertaker,

{ Place of Business,

Blackinton & Son
606 N. Balto. St.

Address

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *194411*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 22nd 1877

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

John Queen

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

Years,

3

Months,

Days.

Color,

Dark

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Balto.

Duration of Residence in the City of Baltimore,

During life

Place of Death,

{ Give street and number. }

Belmont Alley no. 101

Cause of Death,

{ First (Primary,)
Second (Immediate,) }

Cholera Infantum
4 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Sharp St

Date of Burial,

July 24 1877

R. M. Hall

M. D.

Medical Attendant.

{ Undertaker,

Job Jones

{ Place of Business,

No 1003 E St

Address

262 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 19441

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 21. 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Henry Jackson

Sex, Male or Female,

Cross out the word not required in this line.

Age,

37

Years,

Color,

Black

Months,

Days.

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Laborer

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Virginia

Duration of Residence in the City of Baltimore,

27

Years

Place of Death,

Give street and number.

73. Gordon Alley

Cause of Death,

First (Primary).

Second (Immediate).

Diphtheria

Duration of Last Sickness,

8

Years

All the above information should be furnished by the Physician.

Place of Burial,

Wood Cemetery

Date of Burial,

July 23 1877

Undertaker,

W. H. Chase

Place of Business,

6198 Howard

Address

W. H. Chase

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. **19442,**

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

July 23rd

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents }

Caroline Bragg

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Age,

2

Years,

Months,

5

Days.

Color,

white

~~Married~~, Single, ~~Widow~~ or ~~Widower~~,

{ Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

No 12 Ohio Ave

Cause of Death,

{ First (Primary.)
Second (Immediate.) }

Diphtheria

Duration of Last Sickness,

3 days

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore Cemetery

Date of Burial,

July 24th

{ Undertaker,

F. H. Trol

{ Place of Business,

131 Hanover St.

Address

151 Hanover St

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19443

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 22 1892

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Achilleo Sparto Jones

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Thirteen Years, Months, Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 334 Monument

Cause of Death, { First (Primary,) Capillary Bronchitis. Second (Immediate,) Pleuro-pneumonia.

Duration of Last Sickness, Four Months

All the above information should be furnished by the Physician.

Place of Burial, Sharp's Cemetery

Date of Burial, Aug 22 1892

{ Undertaker, S. Chase } Address, 202 N. 2nd St.

{ Place of Business, 178 Howard }

M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. *1944A*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 19th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents }

Lydia Butler

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

1

Years,

4

Months,

Days.

Color,

Black

Sex,

Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Balt-

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

N^o 7 St Vincent

Cause of Death, { First (Primary,) Second (Immediate,) }

Pertussis

Duration of Last Sickness,

Three weeks

All the above information should be furnished by the Physician.

Place of Burial

Harp St Cemetery

Date of Burial,

July 1877

Albert Stephens M. D.
Medical Attendant.

{ Undertaker,

H. W. Chase

{ Place of Business,

178 Howard

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. *19445*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *July 21st 1871*

Full Name of Deceased, {

Write legibly and spell correctly. If an infant not named, give names of parents.

Laura E. H. Harper

Sex, *Male* or Female, {

Cross out the word not required in this line.

Age, _____

Years, _____

Months, *23*

Days.

Color, *Black*

Sex, *Female*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, {

State or country (and how long in the United States, if of foreign birth.)

Baltimore City

Duration of Residence in the City of Baltimore, *Life*

Place of Death, {

Give street and number.

32

Edging Street

Cause of Death, {

First (Primary),

Second (Immediate),

Manitoba

Duration of Last Sickness, _____

All the above information should be furnished by the Physician.

Place of Burial, *Laura Cemetery*

Date of Burial, *July 22nd 1871*

A. T. Bell

M. D.

Medical Attendant.

{ Undertaker, *W. Chase*

{ Place of Business, *117 Howard*

Address *306 Madison Avenue*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 19446

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 23rd 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Richard G. MacWilliams

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 8 Years, 10 Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, None

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Philadelphia Pa.

Duration of Residence in the City of Baltimore, 5 years

Place of Death, { Give street and number. } 52 Spring Row

Cause of Death, { First (Primary,) Second (Immediate,) } Necrosis Septicemic

Duration of Last Sickness, 4 years

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, July 24th 1877

{ Undertaker, Hughes & Lea Address 65 S. Broadway

{ Place of Business, 65 S. Broadway

James G. Shaw, M.D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,
OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19447

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 24 1897
Full Name of Deceased, { Writes legibly and spell correctly. If an infant not named, give names of parents. } Margareth Fritz
Sex, Male or Female, { Cross out the word not required in this line. } Female
Age, 52 Years, 10 Months, Days.
Color, White
Married, Single, Widow or Widower, { Cross out the words not required in this line. } married
Occupation, Germany
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Germany
Duration of Residence in the City of Baltimore, 30 years
Place of Death, { Give street and number. } 306 S Bond St
Cause of Death, { First (Primary,) Strangulated Hernia
Second (Immediate.)
Duration of Last Sickness, 7 days.
Place of Burial, Mount Carmel
Date of Burial, 25th July Abraham Arnold M. D. Medical Attendant.
{ Undertaker, Leohard Kurz Address
{ Place of Business, 277 S Bond St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 19448

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 22^d. -77.

Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents. Mrs. Henry Brandt

Sex, Male or Female, Cross out the word not required in this line. Male

Age, Years, 3 Months, Days.

Color, white

Married, Single, Widow or Widower, Cross out the words not required in this line.

Occupation,

Birthplace, State or country (and how long to the United States, if of foreign birth.) Baltimore Md.

Duration of Residence in the City of Baltimore,

Place of Death, Give street and number. 15-2 Johnson St.

Cause of Death, First (Primary.) Second (Immediate.) Cholera Infantum

Duration of Last Sickness, 6 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olive

Date of Burial, July 24th

Undertaker, B. Harle

Place of Business, 411 Light Street

J. E. Harrington M. D. Medical Attendant.

Address 321 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. *19449*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *July 23, 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Richard Henry Green*

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, _____ Years, _____ Months, *10* Days.

Color, *white* Sex, *male*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *13. Beran st*

Duration of Residence in the City of Baltimore, _____

Place of Death, { Give street and number. } *13 Beran st*

Cause of Death, { First (Primary,) Second (Immediate,) } *Inanition*

Duration of Last Sickness, *10 days*

All the above information should be furnished by the Physician.

Place of Burial, *Western Cemetery* *T. Daugherty* M. D.
Date of Burial, *July 24th 1877* Medical Attendant.

{ Undertaker, *Charles B. Herold* Address *64. William st*
{ Place of Business, *161 Hennepin st.* *A midwife attended accouchment*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 19450

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 30 / 1877
 Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Loretz Nenschäfer
 Sex, Male ~~Female~~, { Cross out the word not required in this line. }
 Age, 57 Years, Months, Days.
 Color, White, Sex,
 Married, ~~Single~~, ~~Widow~~, ~~Widower~~, { Cross out the words not required in this line. }
 Occupation, Druggist
 Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Germany (30 yrs in America)
 Duration of Residence in the City of Baltimore, 30 yrs.
 Place of Death, { Give street and number. } St. Joseph's Hospital
 Cause of Death, { First (Primary,) Alcoholism
 { Second (Immediate,) Apoplexy
 Duration of Last Sickness, -

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, July 24 / 1877

{ Undertaker, Leonard Perry

{ Place of Business, S. Bond St. No. 277

John J. Corliss M. D.
 Medical Attendant

Address 178 N. Calvert St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 19457

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 23d, 1877.
Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. Catharine Kneller.
Sex, ~~Male~~ Female, Cross out the word not required in this line.
Age, 77 Years, Months, Days.
Color, White
Married, ~~Single~~ Widow ~~or~~ ~~Married~~, Cross out the words not required in this line.
Occupation,
Birthplace, State or country (and how long in the United States, if of foreign birth.) Prussia, 20 years in the United States
Duration of Residence in the City of Baltimore, 20 years
Place of Death, Give street and number. S. W. Cor. Bond and Alice Anna St.
Cause of Death, First (Primary.) Dropsy of abdomen and lower extremities
Second (Immediate.) caused by irregular heart-actions.
Duration of Last Sickness, 17 weeks
All the above information should be furnished by the Physician.
Place of Burial, Mount Carmel Cemetery
Date of Burial, July 25th 1877. John H. Reisinger M. D.
Medical Attendant.
Undertaker, Leonard Veary
Place of Business, S. Bond St. N. E. 277. Address 243 Alice Anna St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *19452*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *July 22^d 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Hannah Kittellwell O'Connell*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } *Female*

Age, *48* Years, Months, Days.

Color, *White* Sex, *Female*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Married*

Occupation, *—*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *York Springs Pennsylvania*

Duration of Residence in the City of Baltimore, *Twenty three years*

Place of Death, { Give street and number. } *289 E Fayette Street*

Cause of Death, { First (Primary), Second (Immediate), } *Carcinoma*

Duration of Last Sickness, *About eight weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Green Mount C.*

Date of Burial, *July 24/77*

{ Undertaker, Place of Business, } *Stewart & Mann* Address *289 E Fayette St*

E Goverdoux M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *19453*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *July 23rd 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Loniza B. Robinson*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, _____ Years, _____ Months, *20* Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore*

Duration of Residence in the City of Baltimore, *Her whole life*

Place of Death, { Give street and number. } *472 W. Balt St*

Cause of Death, { First (Primary.) Second (Immediate.) } *Infantile death Infantile weakness Cholera Infantum prostration*

Duration of Last Sickness, *One week and ill*

All the above information should be furnished by the Physician.

Place of Burial, *London Park Cem.*

Date of Burial, *July 24th 1877*

Undertaker, *Lothar A. Pender*

Place of Business, *No 520 W. Balt* Address *53 N. Pine St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 194574

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 24 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Elmerritchard

Sex, Male or Female, { Cross out the word not required in this line. }

Age, _____ Years, _____ Months, _____ Days.

Color, Mulatto

Sex, Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Baltimore, Md.

Duration of Residence in the City of Baltimore,

Since birth.

Place of Death, { Give street and number. }

31 N. Tucker St.

Cause of Death, { First (Primary,) Second (Immediate,) }

Inflammation of the lungs.
Consumption

Duration of Last Sickness,

About 6 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Sharp's Cemetery

Date of Burial, July 24th 1877

Undertaker, John S. Maccher

Place of Business, 1150 Pennsylvania Ave

John S. King M. D.
Medical Attendant.

Address Edmondson Ave
1 door W. of Carrollton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19455.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 24 " 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Lillie Brown

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, about 18 Years, Months, Days.

Color, Blk

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Servant

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 225 Chestnut Alley

Cause of Death, { First (Primary,) Second (Immediate,) } Seven Burns Exhaustion

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician

Place of Burial, N. Pub Cemetery

Date of Burial, July 24 " 1877

Undertaker, M. H. C. Perry

Place of Business, Pratt St

Address, Commissioner of Health

W. H. Hughes

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death (except in cases of births and deaths of illegitimate children).

Information by George Butler, son of the lady in whose house she died

Permit No. 19456

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *July 23^d 1877.*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Isadore Ruffell.*

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, _____ Years, *7* Months, _____ Days.

Color, *White.*

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore*

Duration of Residence in the City of Baltimore, *Lifetime.*

Place of Death, { Give street and number. } *No. 100 Pierce St.*

Cause of Death, { First (Primary.) Second (Immediate.) } *Cholera Infantum*
Spasms.

Duration of Last Sickness, *14 days.*

All the above information should be furnished by the Physician.

Place of Burial, *St. John's Church*

Date of Burial, *25th of July* *L. C. Horn* M. D.
Medical Attendant.

{ Undertaker, *Wm. H. Horn* Address *No. 226. Mulberry St.*
{ Place of Business, *317 Mulberry St.* per *G. W. H.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

F I L M

Board of Health, City of Baltimore

Permit No. 19457

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 23rd 1897.

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Joseph Francis Mearns

Sex, Male or Female,

Cross out the word not required in this line.

Male

Age,

2 Years,

8 Months,

Days.

Color,

White

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

12 S. Bruce St.

Cause of Death,

First (Primary.)
Second (Immediate.)

Membranous Croup.

Duration of Last Sickness,

Three days

All the above information should be furnished by the Physician.

Place of Burial,

Alphonse Cemetery

Date of Burial,

July 24th 1897

Undertaker,

Peter Linnert

Place of Business,

311 Bulberry St.

Address

W. C. Regester
M. D.
Medical Attendant
McCauley & Co.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19458

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 22 '77
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mark J. Bond
Sex, Male or Female, { Cross out the word not required in this line. } Male
Age, 18 Years, _____ Months, _____ Days.
Color, White
Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single
Occupation, Wagon Driver
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore
Duration of Residence in the City of Baltimore, Life
Place of Death, { Give street and number. } Washington in Hospital
Cause of Death, { First (Primary,) _____
Second (Immediate,) _____ } Result of Injury
Duration of Last Sickness, two days
All the above information should be furnished by the Physician.
Place of Burial, Wash Cross Cem
Date of Burial, July 25 '77
Undertaker, M. A. Daiges
Place of Business, 74 S Broadway
Address, _____
M. D. _____
Medical Attendant, _____

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. *191769*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *July 23, 1897*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Mary Adams*

Sex, Male or Female, { Cross out the word not required in this line. } *Female*

Age, *Eighty three* Years, Months, Days.

Color, *White*

Sex, *Widow*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Widow*

Occupation, *None*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Caroline Co.*

Duration of Residence in the City of Baltimore, *One Year*

Place of Death, { Give street and number. } *116 E. 7th St.*

Cause of Death, { First (Primary) . Second (Immediate) . } *Paralysis*

Duration of Last Sickness, *Three months*

All the above information should be furnished by the Physician.

Place of Burial, *Laurel Hill*

Date of Burial, *July 24, 1897*

Undertaker, *Thos. L. L. L.*

Place of Business, *56 Jefferson*

Whitfield H. H. H. M. D.
Medical Attendant

Address *116 E. 7th St.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 19460

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 23rd 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Adella Maria Poulson

Sex, Male or Female,

Cross out the word not required in this line.

Age,

Years,

11 Months,

3 Days.

Color,

Black

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore City, Md.

Duration of Residence in the City of Baltimore,

11 months & 3 days.

Place of Death,

Give street and number.

314 N. Duane St.

Cause of Death,

First (Primary),

Second (Immediate),

Cholera Infantum

Duration of Last Sickness,

3 weeks

All the above information should be furnished by the Physician.

Place of Burial,

Laurel Cemetery

Date of Burial,

July 24th 1877

Undertaker,

Theo. Locke

Place of Business,

56 Jefferson

Wm. L. Russell M. D.
Medical Attendant.

Address Broadway & Madison St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19461,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Aug 23. 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Maria Louise

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age,

Years,

5

Months,

Days.

Color,

white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Foundling

Duration of Residence in the City of Baltimore,

4 mos

Place of Death, { Give street and number. }

St Vincent's Infant Asylum

Cause of Death, { First (Primary,) Second (Immediate,) }

Marasmus

Stomach & Cephaloid

Duration of Last Sickness,

6 weeks

All the above information should be furnished by the Physician.

Place of Burial,

Cathedral Cemetery

Date of Burial,

Aug 25. 1877

{ Undertaker,

G. Saffran

{ Place of Business,

121 Pen. Av.

Marbury Brewer M. D. Medical Attendant.

Address 201 W. Middle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. *19462*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 23rd

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents }

Sarah E. Nicholson

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Age,

✓

31

Years,

2

Months,

Days.

Color,

White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Ohio

Duration of Residence in the City of Baltimore,

6 years

Place of Death,

{ Give street and number. }

132

Granby St

Cause of Death,

{ First (Primary,)
Second (Immediate,) }

Acute Nephritis

Uremia

Duration of Last Sickness,

3 days

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore, Conn

Date of Burial,

July 25th

Undertaker,

Wm. C. Duff

Place of Business,

151 S. Bond St

Address

76 St. Anna St

J. H. Murray M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. *19463,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *July 23^d 10.30 p. M.*
 Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Teresa Sheehan*
 Sex, Male or Female, { Cross out the word not required in this line. } *female*
 Age, *38* Years, Months, Days.
 Color, *white*
 Married, Single, Widow or Widower, { Cross out the words not required in this line. } *married*
 Occupation,
 Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Ireland*
 Duration of Residence in the City of Baltimore, *29 years*
 Place of Death, { Give street and number. } *120. N. Bond St.*
 Cause of Death, { First (Primary,) Second (Immediate,) } *Uterine Hemorrhage*
 Duration of Last Sickness, *15 hours.*

All the above information should be furnished by the Physician.

Place of Burial, *Holy Cross Cemetery*
 Date of Burial, *July 25th 1877*
 { Undertaker, *Henry W. Wears* } Address *27 N. Broadway*
 { Place of Business, *145 N. Gay St.* }

P. G. Dausch M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. *19464*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

Date of Death, *July 24th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Parents - Robt J. White & E. E. White*

Sex, Male ~~Female~~, { Cross out the word not required in this line. }

Age, _____ Years, _____ Months, *Seven* Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore*

Duration of Residence in the City of Baltimore, _____

Place of Death, { Give street and number. } *1733 W. Lombard*

Cause of Death, { First (Primary.) *Indigestion & Gastro-intestinal Catarrh*
Second (Immediate.) *Gastro-enteritis & Convulsions* }

Duration of Last Sickness, *Two days*

All the above information should be furnished by the Physician.

Place of Burial, *London Park*

Date of Burial, *July 25th 1877* *Ridgely Hammond* M. D.
Medical Attendant.

{ Undertaker, *I. B. Cook*

{ Place of Business, *W. Balto St.* Address *N. E. Cor. Calhoun & Hollins Sts. Balt. City*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19465

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

Years,

Months,

Days.

Color,

Sex,

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give street and number. }

Cause of Death,

{ First (Primary,)

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

{ Undertaker,

{ Place of Business,

M. D.

Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *19466*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four* hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *July 20th*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *May Schreyer*

Sex, *Male or Female*, { Cross out the word not required in this line. } *Female*

Age, *9* Years, *9* Months, *9* Days.

Color, *White*

Sex, *female*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Balt.*

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } *No 4 N. Chappell St.*

Cause of Death, { First (Primary,) Second (Immediate,) } *Spinal Meningitis*

Duration of Last Sickness, *Two weeks.*

All the above information should be furnished by the Physician.

Place of Burial, *St. Alphonsus Cemetery*

Date of Burial, *July 24*

Medical Attendant, *M. D.*

{ Undertaker, *Wendelin Dippel* Address *200 S. Pratt St.*

{ Place of Business, *S. Bond st 151*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19467

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 23 d 1877.

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Mary C. B. Gray

Sex, ~~Male~~ Female,

{ Cross out the word not required in this line. }

Age, Seven

Years,

Six

Months,

Twenty three Days.

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, None

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Baltimore City

Duration of Residence in the City of Baltimore,

During life

Place of Death,

{ Give street and number. }

162 North Broadway

Cause of Death,

{ First (Primary,) Second (Immediate,) }

Spinal Meningitis

Duration of Last Sickness,

About four weeks

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore Cemetery

Date of Burial,

July 25 / 77

Undertaker,

Fly & Bro

Place of Business,

34 N Broadway

Address

McClary Street Broadway

Hilton & Taylor M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 19468

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 23rd 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

John E. Chatham

Sex, Male or Female,

Cross out the word not required in this line.

Male

Age,

12

Years,

10

Months,

10

Days.

Color,

White

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Student

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore

city

Duration of Residence in the City of Baltimore,

Life time

Place of Death,

Give street and number.

43 S. Shroden

Cause of Death,

First (Primary),

Second (Immediate),

Typhoid Fever

Duration of Last Sickness,

Three weeks

All the above information should be furnished by the Physician.

Place of Burial,

Linden Park Cemetery

Date of Burial,

July 25th 1877

Undertaker,

J. B. Cook

Place of Business,

No 707 N. Baltimore Street

Address

Payett St

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. *19469*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *July 23rd*

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. *Mary Elizabeth Sorge*

Sex, ~~Male~~ or Female, Cross out the word not required in this line.

Age, *3*

Years,

4

Months,

Days.

Color, *Dark Brown*

Sex,

Married, Single, Widow or Widower, Cross out the words not required in this line.

Occupation,

Birthplace, State or country (and how long in the United States, if of foreign birth.)

Baltimore

Duration of Residence in the City of Baltimore,

All life

Place of Death, Give street and number.

4 Mason alley

Cause of Death, First (Primary),
Second (Immediate.)

*Diphtheria
Asthma*

Duration of Last Sickness,

2 weeks

All the above information should be furnished by the Physician.

Place of Burial, *N. Pot Cemetery*

Date of Burial, *July 24th 1877*

John Dickson

M. D.

Medical Attendant.

Undertaker, *M. H. C. Perry*

Place of Business, *Pratts*

Address *261 Madison Avenue*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 19470

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 24 " 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary German

Sex, ~~Male~~ Female, { Cross out the words not required in this line. }

Age, ————— Years, 3 Months, ————— Days

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, —————

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 420 S Charles ST

Cause of Death, { First (Primary,) } Whooping Cough
{ Second (Immediate,) } Chol Infantum

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, St Peter's Church

Date of Burial, July 25 1877

{ Undertaker, Julius Koehn } Address, Commr of Health

{ Place of Business, Sharp ST } Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death except in cases of births and deaths of illegitimate children.

Information by, Margaret German Mother

Board of Health, City of Baltimore,

Permit No. *19471*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *24 of July*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Michael Rooney*

Sex, Male ~~or~~ Female, { Cross out the word not required in this line. }

Age, *16* Years,

Months,

Days.

Color, *White*

Married, Single, Widow ~~or~~ Widower, { Cross out the words not required in this line. }

Occupation, *laborer*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Ireland*

Duration of Residence in the City of Baltimore, *over thirty years*

Place of Death, { Give street and number. } *Home for the aged Corn. of John and ...*

Cause of Death, { First (Primary,) Second (Immediate,) } *Consumption*

Duration of Last Sickness, *one month.*

All the above information should be furnished by the Physician

Place of Burial, *Holy Cross Cemetery*

Date of Burial, *24th July*

{ Undertaker, *Henry Schmitt*

{ Place of Business, *1221 East*

Wm. Brooke Boyle M. D.
166 E. Eager St.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *19473,*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 24th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents }

Albert Pitt

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age,

Years,

8 Months,

Days.

Color,

white

~~Married~~ Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore City

Duration of Residence in the City of Baltimore,

Since birth.

Place of Death, { Give street and number. }

7 Elliott St. Canton

Cause of Death, { First (Primary,) Second (Immediate,) }

Cholera Infantum
1 1/2 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, *Balt. Cemetery.*

Date of Burial, *25th July 1877*

{ Undertaker, *Henry Sanders*

{ Place of Business, *252 Canton Av.*

Aug. F. Esich M. D.
Medical Attendant.

Address *94 S. Broadway*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 19474

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 24th 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Frederick Oenft

Sex, Male or Female, { Cross out the word not required in this line. }

Age, _____ Years, 18 Months, _____ Days.

Color, _____

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore

Duration of Residence in the City of Baltimore, 18 Months

Place of Death, { Give street and number. } 137 E. Biddle St.

Cause of Death, { First (Primary.) Second (Immediate.) } Cholera Infantum

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, M. Alphonsus Cemetery

Date of Burial, July 25th 77

Undertaker, Michael France

Place of Business, No 280 Canton

Address Broadway, 8

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19475

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 23rd 1877

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Saml J Bennett

Sex, Male or Female,

Cross out the word not required in this line.

Age,

Thirty Three Years,

Color,

Dark Complexion

Months,

Days.

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Linherman

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Worcester Co Md

Duration of Residence in the City of Baltimore,

Ten years

Place of Death,

Give street and number.

No 19 Mallickian st

Cause of Death,

First (Primary.)

Fracture of metacarpal bone of hand

Second (Immediate.)

Pneumonia

Duration of Last Sickness,

Thirty days

All the above information should be furnished by the Physician

Place of Burial,

New Asbury

Date of Burial,

July 25 1877

Undertaker,

Theo J Soaks

Place of Business,

5 E Jefferson

H O Nelson

M. D.

Medical Attendant.

Address

Asquith & Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19476.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 25- July 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Mathew

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 6 Years, Months, Days.

Color, white Sex, m

Married, Single, Widower or ~~Widow~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } 20 Richmond St

Duration of Residence in the City of Baltimore, all life

Place of Death, { Give street and number. } 20 Richmond St

Cause of Death, { First (Primary,) Dep Thiria
Second (Immediate,) }

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, St Peters C B Gamble M. D.

Date of Burial, July 25 1877 Medical Attendant.

{ Undertaker, Joseph J Byrne Address 40 Richmond St
{ Place of Business, 59 on Liberty

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19477

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 24th July 1877
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Edward Frost
Sex, Male or Female, { Cross out the word not required in this line. }
Age, — Years, — Months, 6 Days.
Color, white
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation, —
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore City
Duration of Residence in the City of Baltimore, During lifetime
Place of Death, { Give street and number. } S. Duncan Alley 116
Cause of Death, { First (Primary.) } Eclampsia { Second (Immediate.) } Convulsions
Duration of Last Sickness, 3 days
All the above information should be furnished by the Physician.
Place of Burial, St. Matthew Cemetery
Date of Burial, July 25th 1877
Undertaker, C. Eckhardt
Place of Business, 269 Canton Av
Address, S. Wolferth. 117
William Henkel M.D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 19478,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 24 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Margaret G. Hill

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 13 Years, 13 Months, Days.

Color, White Sex, Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } 115 E Baltimore St

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 12 N Eager St

Cause of Death, { First (Primary,) Cholera Infantum, Second (Immediate,) Spasmodic

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, July 26 1877

{ Undertaker, Fry & Bro

{ Place of Business, 34 N Broadway Address

M. D. Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore,

Permit No. 19479

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 24, 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

John Baer

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years,

Months,

21

Days.

Color, White

Sex, Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

97 Oak St

Cause of Death, { First (Primary),
Second (Immediate), }

Cholera Infantum
one week

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Windsor Hill

Date of Burial, July 26, 1877

Undertaker, Chas. H. Himes

Place of Business, 2112 E. Baltimore

Address 113 W. Biddle St

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19480,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 23rd 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Wm. J. Jenkins

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

21 Years,

Months,

Days.

Color,

white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Clerk

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

325 W. Fayette St

Cause of Death, { First (Primary,) Second (Immediate,) }

Pulmonary Consumption

Duration of Last Sickness,

about one year -

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, July 25 1877

{ Undertaker, James D. Byrne

{ Place of Business, No 63 N. Howard St

Edw. J. Nicholson M. D.
Medical Attendant.

Address 279 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19481

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased,

Sex, ~~Male~~ or Female,

Age,

Color,

Married, Single, Widow or Widower,

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.)

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number.

Cause of Death, { First (Primary,) Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

Undertaker,

Place of Business,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Cross out the word not required in this line.

Years,

Months,

Days.

Cross out the words not required in this line.

State or country (and how long in the United States, if of foreign birth.)

Give street and number.

First (Primary,)

Second (Immediate,)

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

Undertaker,

Place of Business,

Address

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 19482,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 24th July 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Lilly Vergie Linticum

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 4 Years, 3 Months, Days.

Color, White Sex,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, none

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Virginia

Duration of Residence in the City of Baltimore, One year & 6 months

Place of Death, { Give street and number. } No 792. 1st Bath St

Cause of Death, { First (Primary,) Second (Immediate,) } Scarlatina
Inflammation of Brain

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Western cemetery

Date of Burial, July 25th 1877

Undertaker, J. B. Cook

Place of Business, No 707th Baltimore Street

Address

Thos. F. Brown M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *19483*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *July 24th*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Mathias Stewart*

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, *6* Years, *6* Months, Days.

Color, *Colored*

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore*

Duration of Residence in the City of Baltimore, *6 mo*

Place of Death, { Give street and number. } *130 Ramsey St.*

Cause of Death, { First (Primary,) Second (Immediate,) } *Cholera Infantum*

Duration of Last Sickness, *1 month*

All the above information should be furnished by the Physician

Place of Burial, *Frank St Cemetery*

Date of Burial, *July 25, 1877*

Undertaker, *J. W. Weber* M. D. Medical Attendant.

Place of Business, *320 W. Lombard St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *19484*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *July 23rd 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Jacob T. Robinson*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, *one* Years, *Eight* Months, *Three* Days.

Color, *Colored*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Single*

Occupation, *Nothing*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore City Maryland*

Duration of Residence in the City of Baltimore, *Continued*

Place of Death, { Give street and number. } *No 129, Iceland St*

Cause of Death, { First (Primary.) Second (Immediate.) } *Tubercular meningitis. Atrophy & convulsions*

Duration of Last Sickness, *Six weeks*

All the above information should be furnished by the Physician

Place of Burial, *Laurel Cemetery*

Date of Burial, *July 25, 1877*

{ Undertaker, *W. H. Phillips*

{ Place of Business, *Edwards St*

J. A. Dyer M. D.
Medical Attendant.
No 146 Hill St
Address *Baltimore Md*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 19485

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 23^d 1877
Eugene R. Henderson

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 2 Years, 3 Months, Days.

Color, Colored

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore, 2 yrs 3 mos.

Place of Death, { Give street and number. }

3 Tyron Ave.

Cause of Death, { First (Primary,) Second (Immediate,) }

Pertussis
Convulsions
2 wks.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, ~~St. James St.~~ ~~St. James St.~~

Date of Burial, July 25, 77

Undertaker, J. W. P. Chase

Place of Business, 1401 Howard St.

Eldridge C. Prier M. D.
Medical Attendant.

Address 262 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST OF DISEASES ON BACK OF THIS CERTIFICATE.

Board of Health, City of Baltimore,
OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19486,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, July 24, 77,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Eliz Young

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 84 Years, 6 Months, — Days.

Color, Blk

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word is not required in this line. }

Occupation, none

Birthplace, { State or country (and how long in the United States, if of foreign birth. } St Mary's Co. Md.

Duration of Residence in the City of Baltimore, 21 yrs

Place of Death, { Give street and number. } 8 Broad St of St. Paul's Church

Cause of Death, { First (Primary), Second (Immediate), } Apoplexy

Duration of Last Sickness, —

All the above information should be furnished by the Physician

Place of Burial, St. Paul's Church

Date of Burial, July 26, 77

Undertaker, W. H. H. H.

Place of Business, 108 Howard St

Address

349 E. E. St

Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. *194187*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *July 24th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Henry Howard*

Sex, *Male or Female*, { Cross out the words not required in this line. }

Age, _____ Years, *11* Months, _____ Days

Color, _____

Married, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in United States, if of foreign birth.) } *Baltimore City*

Duration of Residence in the City of Baltimore, *11 Months*

Place of Death, { Give street and number. } *No 17 Union Alley*

Cause of Death, { First (Primary), Second (Immediate), } *Cholera Infantum*
Convulsions

Duration of Last Sickness, *9 days*

All the above information should be furnished by the Physician.

Place of Burial, *Baltimore Cemetery*

Date of Burial, *July 25*

{ Undertaker, *William J. Longue* }

{ Place of Business, *62 East 11* }

Address, *Broadway 9*

Medford St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 19488,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 25th

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Rosa Dorguth

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Female

Age,

Years,

4

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give street and number. }

41. Walker st

Cause of Death,

{ First (Primary,)
Second (Immediate,) }

Meningitis
Spasm

Duration of Last Sickness,

3 days

All the above information should be furnished by the Physician

Place of Burial,

Baltimore Cemetery

Date of Burial,

July 25th 1877

{ Undertaker,

John Diefel

{ Place of Business,

106 Baltimore str.

Address

106. Columbia W.

C. L. Baddenbrohm M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

THE SPECIAL ATTENTION OF PHYSICIANS IS RESPECTFULLY INVITED TO THE FOLLOWING

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *19489*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *24 July 1897*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Joe High*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *X* Years, *X* Months, *40* Days.

Color, *Mulatto*

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, *X*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *131 N. Caroline St.*

Duration of Residence in the City of Baltimore, _____

Place of Death, { Give street and number. } *131 N. Caroline St.*

Cause of Death, { First (Primary,) Second (Immediate,) } *Passive Cerebral Congestion*
Eclampsia

Duration of Last Sickness, *3 days*

All the above information should be furnished by the Physician.

Place of Burial, *Laurel Cemetery*

Date of Burial, *July 25*

B. F. Leonard

M. D.

Medical Attendant.

{ Undertaker, *William H. Long*

{ Place of Business, *62 East St*

Address *317 E. Balto. St.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the following regulations.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *19490*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *July 25th*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Harry de Rea*

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *2* Years, *8* Months, *29* Days.

Color, *White* Sex, *Male*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore*

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } *170 N Calvert*

Cause of Death, { First (Primary,) Second (Immediate.) } *Brain trouble (Abscep. presumed)*

Duration of Last Sickness, *5 days*

All the above information should be furnished by the Physician.

Place of Burial, *Green Mt. Cemetery, An Morris*

M. D.

Date of Burial, *July 27-1877*

Medical Attendant.

{ Undertaker, *Wm Jenkins & Son*

Address

{ Place of Business, *16 Light St.*

37 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19491

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 23, 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } George Frederick Meyer

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 61 Years, 1 Months, 11 Days.

Color, White Sex, Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Steamfitter

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 34 years

Place of Death, { Give street and number. } Capital Ave. No 68

Cause of Death, { First (Primary,) Enteritis
Second (Immediate,) Exhaustion

Duration of Last Sickness, One Month

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 27 1877

Undertaker, H. Hoffmann

Place of Business, 63 N. E. Don St.

Medical Attendant, John A. Schult M. D.

Address, N E Cor. Gough & Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No.

19492

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 24th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Alice A Chew

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age, 0 Years, 9 Months, Days.

Color, Dark Brown

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, None

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore

Duration of Residence in the City of Baltimore, 9 months

Place of Death, { Give street and number. } No 4 Vicent St

Cause of Death, { First (Primary,) } Struck
{ Second (Immediate,) } Cholera Infantum

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 25, 1877

{ Undertaker, J. M. C. Gordon } Address, N E Cor Dolphin & Rep

{ Place of Business, 212 63 Park St }

E. F. Bohrer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *19,493.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *July 25, 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Robert James Simpson*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, *Eleven* Years, *Six* Months, *Six* Days.

Color, *Colored* Sex, *Male*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Single*

Occupation, *Barber*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Broad St No 153*

Duration of Residence in the City of Baltimore, *Life*

Place of Death, { Give street and number. } *27 N. Bond*

Cause of Death, { First (Primary), Second (Immediate), } *Hoping Respiration*
Chorea

Duration of Last Sickness, *Two weeks*

All the above information should be furnished by the Physician.

Place of Burial, *St. Paul's Cemetery*

Date of Burial, *July 26, 1877*

Undertaker, *J. C. Gode*

Place of Business, *63 N. Bond*

Address *175 N. Bond*

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *19494*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *July 25th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Charles Adelman*

Sex, Male ~~or Female~~, { Cross out the word not required in this line. } *Male*

Age, *one* Years, *four* Months, *one* Days.

Color, *White*

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, *Life*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore City*

Duration of Residence in the City of Baltimore, *Life*

Place of Death, { Give street and number. } *No 394 Biceanna St*

Cause of Death, { First (Primary), Second (Immediate), } *- Cholera Infantum -*

Duration of Last Sickness, *Three weeks*

All the above information should be furnished by the Physician

Place of Burial, *St Stephens Cemetery*

Date of Burial, *July 26th 1877*

Undertaker, *H. M. Gibmeyer*

Place of Business, *341 Canton St.*

Thomas P. Evans M. D.
Medical Attendant.

Address *No 18 Jackson Place*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *19495*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *4* Years, *4* Months, *24* Days.

Color, *White* Sex, *Male*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, *Crematorium*

Date of Burial, *July 26, 1911*

Undertaker, *C. H. Hinkle*

Place of Business, *68, Park St*

W. H. (left) M. D.
Medical Attendant

Address *47 Broadway*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Transit 836)

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *19496*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 24th 1877.

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Mary Homberg.

Sex, ~~Male~~ or Female,

{ Cross out the words not required in this line. }

Age,

Years,

11 Months,

Days

Color,

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in United States, if of foreign birth.) }

Balto City.

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give street and number. }

21 Butler St.

Cause of Death,

{ First (Primary,)
Second (Immediate,) }

*Cholera Infantum.
four days.*

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore County

Date of Burial,

July 26/77

{ Undertaker,

Ch. Hausing

{ Place of Business,

136 E. Fayette St.

R. J. H. Tall M.D.

Medical Attendant.

Address, *152 S. Sharp St.*

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *19497*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *July 26 1899*

Full Name of Deceased, *Mary Ellen A. Dwyer*

Write legibly and spell correctly. If an infant not named, give names of parents.

Sex, Male or Female, *Female*

{ Cross out the word not required in this line. }

Age, *2*

Years, *2*

Months, *2*

Days, *2*

Color, *White*

Sex, *Female*

Married, Single, Widow or Widower, *Single*

{ Cross out the words not required in this line. }

Occupation, *None*

Birthplace, *St. Louis, Mo.*

{ State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, *Life*

Place of Death, *at home*

Cause of Death, *Acute diphtheria*

{ First (Primary), Second (Immediate), }

Duration of Last Sickness, *Two weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Baltimore Cemetery*

Date of Burial, *July 26 1899*

Undertaker, *M. A. Dwyer*

Place of Business, *44 S. Broadway*

Address *11 S. High St.*

W. H. Dwyer M. D.

Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *19498*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 25th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Marriet Vithman

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age,

Years,

Eight

Months,

Days.

Color,

Colored (Light)

Sex,

Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Baltimore, City

Duration of Residence in the City of Baltimore,

Never out of the City

Place of Death, { Give street and number. }

1036 Vison Street

Cause of Death, { First (Primary),
Second (Immediate). }

*Diphtheria
Exhaustion*

Duration of Last Sickness,

Ten days

All the above information should be furnished by the Physician.

Place of Burial, *Laurel Cemetery*

Date of Burial, *July 26th 1877*

{ Undertaker, *Wm. James Gray*

{ Place of Business, *45 Mulberry St*

Address

Chas. S. Schatz

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *19499*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 25th 1877

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Jo. Ellen R. Henry

~~Sex~~ Male or Female,

{ Cross out the word not required in this line. }

Age,

1

Years,

10

Months,

Days.

Color,

White

Sex,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Balt

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

East St No 194

Cause of Death,

{ First (Primary,)

Second (Immediate.) }

Cholera Infantis

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Holy Cross

Date of Burial,

July 26th

C. S. Mahon

M. D.

Medical Attendant.

{ Undertaker,

of 25 E. B. Bodemann

Address

{ Place of Business,

38. Emory St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *19500*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *July 25th 1877*

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. *Miee Luss*

Sex, ~~Male~~ or Female, Cross out the word not required in this line.

Age, *12* Years, *3* Months, Days.

Color, *Light Brown* Sex, *Female*

Married, Single, ~~Widow~~ or ~~Widower~~, Cross out the words not required in this line.

Occupation,

Birthplace, State or country (and how long in the United States, if of foreign birth.) *Ann Arundel Co. Md.*

Duration of Residence in the City of Baltimore, *2 years*

Place of Death, Give street and number. *St. Mason Alley*

Cause of Death, First (Primary), Second (Immediate.) *Diphtheria*
Asphyxia

Duration of Last Sickness, *3 days*

All the above information should be furnished by the Physician.

Place of Burial, *W. Pub Cemetery* *John Dickerson* M. D.

Date of Burial, *July 26th 1877* Medical Attendant.

Undertaker, *M. H. C. Perry* Address *261 Madison Avenue*
Place of Business, *Pratt St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Physician is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 19501

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Sex, Male or Female,

Cross out the word not required in this line.

Age,

Color,

Married, Single, Widowed, or Divorced,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

Cause of Death,

First (Primary),

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

Undertaker,

Place of Business,

Address

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19502

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 25th 1877
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Somerville
Sex, Male or Female, { Cross out the word not required in this line. }
Age, Years, 3, Months, 24 Days.
Color,
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation,
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore
Duration of Residence in the City of Baltimore, 3 Months 24 days
Place of Death, { Give street and number. } No 248 N Lombard St
Cause of Death, { First (Primary,) Congestion Brain
Second (Immediate,) Convulsions
Duration of Last Sickness, 3 Months
All the above information should be furnished by the Physician
Place of Burial, Laurel Cemetery
Date of Burial, July 26
Undertaker, William S. Longene
Place of Business, 62 East St
Address, Broadway, 8
Madison St

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 19578,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 25th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents }

John J. Underwood

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Sixty two Years,

two

Months, & fifteen Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Wearers Maker

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Guthrie, Pa

Duration of Residence in the City of Baltimore,

Fifty two years

Place of Death, { Give street and number. }

N. E. Cor. Franklin & Carey Sts

Cause of Death, { First (Primary,) Second (Immediate,) }

Consumption on the bowels

Duration of Last Sickness,

about 6 months

All the above information should be furnished by the Physician

Place of Burial, Mount Olivet

Date of Burial, July 26th 1877

Elias C. Price

M. D.

Medical Attendant.

Undertaker, J. J. Underwood

Place of Business, 568 W. Baltimore

Address 262 Mead St

For Dr. J. Shearer

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. *19584*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *July 26th 1877*

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. *Elizabeth Shurr*

Sex, ~~Male~~ or Female, Cross out the words not required in this line.

Age, *X* Years, *22* Months, Days

Color, *White*

~~Married, Single, Widow or Widower~~, Cross out the words not required in this line.

Occupation,

Birthplace, State or country (and how long in United States, if of foreign birth.) *Baltimore*

Duration of Residence in the City of Baltimore, *22 months*

Place of Death, Give street and number. *491 W. Lombard St.*

Cause of Death, First (Primary), Second (Immediate.) *Cholera Infantum*

Duration of Last Sickness, *6 weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Balte Cemetery*

Date of Burial, *July 27th 1877*

Undertaker, *J. B. Book*

Place of Business, *Balte St*

J. T. Sledge M.D.
Medical Attendant.

Address, *231 W. Lombard St.*

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 195775

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 25th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

John P. Karpis

Sex, Male or Female,

Cross out the word not required in this line.

Male.

Age,

Color,

White

Months,

2 hours

Married, Single, Widower, or Widowed,

Cross out the words not required in this line.

Sex,

Male.

Occupation,

Birthplace, State or country (and how long in the United States, if of foreign birth.)

Balto.

Duration of Residence in the City of Baltimore,

Place of Death, Give street and number.

284 Asquith Street

Cause of Death, First (Primary),

Second (Immediate),

Premature birth (8th month)
Eclampsia (cause unknown)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, July 26, 1877

Undertaker, H. Hook

Place of Business, Central Ave
above Eager

W. Delaney M. D.
Medical Attendant.

Address 24 S. Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. *19806*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *July 24th 1897*

Full Name of Deceased, *Dorcas Poising*

Sex, Male or Female, *Male*

Age, *1* Years, *9* Months, *16* Days.

Color, *White*

Married, Single, Widow or Widower, *Single*

Occupation,

Birthplace, *Baltimore City*

Duration of Residence in the City of Baltimore, *Life time*

Place of Death, *136 E. Fayette St.*

Cause of Death, *Cholera Infantum*
Scarlatina Anginosa
3 Weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, *Baltimore Cemetery*

Date of Burial, *July 26/97*

Undertaker, *Ch. Ross*

Place of Business, *136 E. Fayette St.*

Address *299 E. Baltimore St.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. *19507*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attends any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased,

Sex, Male or Female,

Age,

Color,

Married, Single, Widow or Widower,

Occupation,

Birthplace,

Duration of Residence in the City of Baltimore,

Place of Death,

Cause of Death,

Duration of Last Sickness,

Place of Burial,

Date of Burial,

Undertaker,

Place of Business,

July 24th 1877.

Joseph H. Taylor.

Years,

Black.

11 Months,

24 Days.

Baltimore City.

113 York St.

Diarrhoea

Cerebral Congestion

About 2 weeks

Sharp St. Louis

July 26th 1877

McCork Barner

15103 Street

J. H. White M. D.

Medical Attendant.

Address *Balt. S. Dispensary*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in case of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 195778

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Sex, Male or Female,

Cross out the word not required in this line.

Age,

8 Years,

Color,

White

4 Months,

3 Days.

Sex,

Male

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Duration of Residence in the City of Baltimore,

Place of Death,

First (Primary),

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

Undertaker,

Place of Business,

Baltimore Md.

During Life

340 Ramsey St.

Diphtheria.

About 10 days

Medical Attention, (One Visit)

J. Walton White, M. D.

Medical Attendant.

Address

67 N. Guilmer St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *19509*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *15th of July 1877.*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Emma May

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

Years,

1

Months,

Days.

Color, *white.*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore*

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } *N.W. cor. of Calverton & Frederic Avenue*

Cause of Death, { First (Primary,) ... Second (Immediate,) }

Summer Complaint

Duration of Last Sickness,

2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, *Baltimore Cemetery*

Date of Burial, *July 26, 1877*

Undertaker, *Wm. P. Hughes*

Place of Business, *200 South St.*

D. C. Reinhard M. D.
Medical Attendant.

Address *761 West-Lombard-St. 761*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 1957A

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years,

8

Months,

15

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

{ Undertaker,

{ Place of Business,

St. Peters cemetery

July 26 1877

Charles F. Herold

161 Hanover St

Address

J. H. Conner M. D.
Medical Attendant.

76 St. Paul

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19511.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 25th 1877
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elizabeth Hilderbrandt
Sex, ~~Male~~ Female, { Cross out the words not required in this line. }
Age, _____ Years, _____ Months, 8 Days
Color, _____
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation, _____
Birthplace, { State or country (and how long in United States, if of foreign birth.) } Balto City
Duration of Residence in the City of Baltimore, Life
Place of Death, { Give street and number. } 154 S. Stricker St
Cause of Death, { First (Primary.) } Convulsions
{ Second (Immediate.) }
Duration of Last Sickness, 2 days
All the above information should be furnished by the Physician.
Place of Burial, Western Cemetery
Date of Burial, July 26th 1877
{ Undertaker, J. A. Loane Son }
{ Place of Business, Balto St }
James A. Steiner, M.D.
Address, Commis of Health
Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information of David Hilderbrandt, Father [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19512

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 23 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Willie Matthews

Sex, Male or Female, { Cross out the words not required in this line. }

Age, Years, 5 Months, Days

Color, Blk

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore, Baltimore City

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) 7 Clarkson Alley
Second (Immediate,) Whooping cough
Diarrhoea

Duration of Last Sickness, 2 weeks

Place of Burial, Laurel Cemetery

Date of Burial, July 26 1877

Undertaker, Hercules Ross

Place of Business, West St

Address, Commiss of Health
Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by, Harriet Macomber Mother

Board of Health, City of Baltimore.

Permit No. *19513*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *July 25th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Battie Lemo Myers*

Sex, Male or Female, { Cross out the word not required in this line. } *Female*

Age, *26* Years, *11* Months, *14* Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Married*

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Bremen*

Duration of Residence in the City of Baltimore, *8 years*

Place of Death, { Give street and number. } *9 Hill*

Cause of Death, { First (Primary,) .. Second (Immediate,) } *Typhoid Fever*

Duration of Last Sickness, *Two weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Balto County*

Date of Burial, *July 27th 1877*

{ Undertaker, *H. E. Franklin*

{ Place of Business, *246 Barton St.*

James E. Drinnell M. D.
Medical Attendant.

Address *299 E. Baltimore St.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 19574

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 3 Years,

Color, White Months, 3 Days, 14

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Balto Cemetery

Date of Burial, July 27 1877

{ Undertaker, Henry Bein

{ Place of Business, 252 Allen St

Address 195 N. Eolen St.

A. E. Stein, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19518

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 25 1887

Full Name of Deceased, Ernest Augt. Will

Sex, Male

Age, 25 1/2

Color, White

Married, Single, Widow or Widower, Single

Occupation, Life

Birthplace, Baltimore, Md.

Duration of Residence in the City of Baltimore, 3 1/2

Place of Death, 312 Canton Avenue

Cause of Death, Diphtheria

Duration of Last Sickness, 1 week

Place of Burial, St. James Church

Date of Burial, July 26 1887

Undertaker, H. B. Underlaker

Place of Business, 252 Queen St

Address, 1000 N. E. St.

Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of illegitimate children.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19516.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 28th 1877

Full Name of Deceased,

Write full name and age correctly. If an infant not named, give names of parents.

Annie P. Bauer,

Sex, ~~Male~~ or Female,

Cross out the word not required in this line.

Age,

Years,

white

4 Months,

Days.

Color,

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace, State or country (and how long in the United States, if of foreign birth.)

Duration of Residence in the City of Baltimore,

Balt. Med.

Place of Death, Give street and number.

14 Essex St.

Cause of Death, First (Primary).

"Summer complaint"
Exhaustion
Three days

Second (Immediate).

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt. E. Cemetery

Date of Burial, July 27th 1877

Undertaker, H. M. Gebmeyer

Place of Business, 311 Canton St.

G. G. Rueck

M. D.

Address Balt. & Ash Sts

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No.

19517

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 25th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Emma L. Furness

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age,

one Year & 3 Months,

Days.

Color,

Light Copper

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Single

Occupation,

None

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

one year & 3 months

Place of Death, { Give street and number. }

No. 18 Brewster Alley

Cause of Death, { First (Primary,) Second (Immediate,) }

Whooping Cough

Duration of Last Sickness,

Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 27th 1877

{ Undertaker, W. H. Bishop Jr

{ Place of Business, 113 Driveway

B. F. Bohrer

M. D.

Medical Attendant.

Address Cor. Doffel & Kopsch

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19578,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July, 25th, 1877.

Full Name of Deceased, { Write legibly and fill correctly. If an infant not named give names of parents. } Julius Fankoff.

Sex, Male or Female, { Cross out the word not required in this line. } male

Age, Six Years, Six Months, Days.

Color, white Sex, male

Married, Single, Widow or Widower, { Cross out the words not required in this line. } —

Occupation, —

Birthplace, { State or country (and how long in the United States, if of foreign birth. } City of New York

Duration of Residence in the City of Baltimore, 6 yrs.

Place of Death, { Give street and number. } Eden & Fayette St.

Cause of Death, { First (Primary,) } Injury of spine.

{ Second (Immediate,) }

Duration of Last Sickness, 3 hours.

All the above information should be furnished by the Physician.

Place of Burial, St. Mathai Church.

Date of Burial, July 27th, 1877.

{ Undertaker, J. Hoffmann. } Address

{ Place of Business, 63 N. E. Dand.

D. C. Ireland M. D. Medical Attendant.

Coroner E. Dick

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 19519

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 20th 1877

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. Margaret & Jesse Carroll

Sex, Male or Female, Cross out the word not required in this line. Female

Age, Years, 5-minutes Months, 2 Days.

Color, Colored

Married, Single, Widow or Widower, Cross out the words not required in this line.

Occupation,

Birthplace, State or country (and how long in the United States, if of foreign birth.) Eden St Court No 11

Duration of Residence in the City of Baltimore, 5-minutes

Place of Death, Give street and number. 11 Eden St Court

Cause of Death, First (Primary)... asphyxia
Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balt Co Md

Date of Burial, July 26 1877

Undertaker, W. M. Burgh

Place of Business, East St

E Geo Walls M. D.
Medical Attendant.

Address 179 E Monument

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19520

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 26th 1877
Charles King

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents }

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years,

8 Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Balt. city,

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } #46 Clement St. L. Point

Cause of Death, { First (Primary,) Second (Immediate,) } Cholera Infantum
one wk

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 27th 1877

Undertaker, Peter Gray

Place of Business, 91 E. Union St.

R. W. Mansfield M. D.
Medical Attendant.

Address 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 19521

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *July 24th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Julia A Coleman*

Sex, ~~Male~~ or Female, { Cross out the words not required in this line. }

Age, *26* Years, *—* Months, *—* Days

Color, *col'd*

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, *—*

Birthplace, { State or country (and how long in United States, if of foreign birth.) } *Dorchester St*

Duration of Residence in the City of Baltimore, *8* Years

Place of Death, { Give street and number. } *90 Peach ally*

Cause of Death, { First (Primary,) Second (Immediate,) } *Consumption*

Duration of Last Sickness, *2* Years

All the above information should be furnished by the Physician.

Place of Burial, *H. Pub Cemetery*

Date of Burial, *July 26th 1877*

Undertaker, *M. H. C. Perry*

Place of Business, *Pratt St*

Address, *Commiss of Health & Registrar*

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by William Emmels, Friend

Board of Health, City of Baltimore.

Permit No. 19522

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 26. 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Willie O'Brien

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 6 Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) } 299 Ann St
{ Second (Immediate,) } Cholera Infantum

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery A.S. Jones M. D.

Date of Burial, July 27 1884

{ Undertaker, Henry Floeck } Address 360 Broadway

{ Place of Business, 309 Central Ave }

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. *19523*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 24th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Ellen Johnson

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Female

Age, *0* Years,

9 Months, *.* Days.

Color,

Dark brown

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Single

Occupation,

None

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

9 months

Place of Death, { Give street and number. }

No 1 Butcher Lane

Cause of Death, { First (Primary.) Second (Immediate.) }

*Whooping Cough
Convulsions*

Duration of Last Sickness,

one week

All the above information should be furnished by the Physician.

Place of Burial, *Sharp St Ground*

Date of Burial, *July 24 1877*

{ Undertaker, *John C. Jordan*

{ Place of Business, *3143 Park Ave*

B F Bohm M. D.
Medical Attendant.

Address *Cor Dolphin & Pop*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19524

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary), Second (Immediate), }

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Balt. Cemetery

Date of Burial, July 27 1877

Undertaker, Fay & Bros

Place of Business, Broadway

Address, 121 E. Baltimore St

Medical Attendant, M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19525

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 26th 1877
Herbert A. Meredith

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 4 Months, 15 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore City

Duration of Residence in the City of Baltimore,

life

Place of Death, { Give street and number. }

214 Walsh St

Cause of Death, { First (Primary), Second (Immediate), }

Whooping Cough
3 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Vernon

Date of Burial, July 27 1877

{ Undertaker, Mount Vernon
Place of Business, }

J. H. Hume M. D.
Medical Attendant.

Address 76 St Paul St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. *19526*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *July 26th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } *Ann Maria Cornish*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *Thirty-five* Years, Months, Days.

Color, *Black*

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, *Cook*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Mo*

Duration of Residence in the City of Baltimore, *Seven years*

Place of Death, { Give street and number. } *60 Melrose Alley*

Cause of Death, { First (Primary.) Second (Immediate.) } *Peritonitis*

Duration of Last Sickness, *Five days*

All the above information should be furnished by the Physician.

Place of Burial, *Sharp St*

Date of Burial, *July 27*

{ Undertaker, *Heckel & Boss* } Address *45 Conway St*

{ Place of Business, *180 W. St* }

Julius Hall M. D.
Southern Dispensary
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19527

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 28th 1899

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Isaac S. Johnson

Sex, Male ~~or Female~~ { Cross out the word not required in this line. }

Age,

88

Years,

10

Months,

Days.

Color,

White

Sex,

Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Widower

Occupation,

None

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Maryland

Duration of Residence in the City of Baltimore,

10 or 12 years

Place of Death, { Give street and number. }

725 W Fayette St

Cause of Death, { First (Primary), Second (Immediate), }

Age

Paralysis

Duration of Last Sickness,

About 10 days

All the above information should be furnished by the Physician.

Place of Burial,

Green Mt Cemtry

Date of Burial,

28th July 1899

{ Undertaker,

A. N. Jenkins & Son

{ Place of Business,

10 Light St

E. Goverber M. D.
Medical Attendant.

289 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 19528

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 26th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Otto Kolenback

Sex, Male ☒ Female ☐ { Cross out the words not required in this line. }

Age, Years, 6 Months, Days

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Balt. City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 114 Wth Eldersy St

Cause of Death, { First (Primary,) Second (Immediate,) } Suffering from Congestion of Brain

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cemetery

Date of Burial, July 27th 1877

{ Undertaker, M. Schelling } Address,

{ Place of Business, Penna Ave }

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. *19529*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 27th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Casper Baug

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *57* Years, *8* Months, *10* Days.

Color, *White* Sex, *Male*

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, *None*

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Germany (in the U. States 42 years)

Duration of Residence in the City of Baltimore,

30 years

Place of Death, { Give street and number. }

443 West Fayette St

Cause of Death, { First (Primary),
Second (Immediate), }

Phthisis Pulmonalis

Duration of Last Sickness,

9 months

All the above information should be furnished by the Physician.

Place of Burial, *London Park*

Date of Burial, *July 29th*

S. P. Hoffman

M. D.

Medical Attendant.

{ Undertaker, *Joseph Cook*
Place of Business, *707 W Baltimore* Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 19530

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 26th 1877.

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents.

Geo Franklin Page

Sex, Male or Female, Cross out the word not required in this line.

Age, _____ Years,

Inf

Months, _____ Days.

Color,

White

Married, Single, Widowed or Widower, Cross out the words not required in this line.

Occupation,

Birthplace, State or country (and how long in the United States, if of foreign birth.)

Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, Give street and number.

#400 W Fayette St.

Cause of Death, First (Primary.)
Second (Immediate.)

Cholera Infantum
Convulsions

Duration of Last Sickness,

About one week

All the above information should be furnished by the Physician.

Place of Burial,

Western Cemetery

Date of Burial,

July 27

Undertaker,

J. B. Leach

Place of Business,

707 N. Holliday St.

Address

584 W. Fayette St.

J. G. Guthrie M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19531

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 28 Years,

Color, white

Sex, male Months, 11 Days.

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary), Second (Immediate). }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, July 27th 1877

Undertaker, J. B. Cook

Place of Business, 407 N. Baltimore Street

Address 432 W. Fayette St.

M. D.

Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore,

Permit No. 19532

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 25 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mrs. Mary McNulty

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 9 Years, Months, Days.

Color, W Sex, F

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Widow

Occupation, —

Birthplace, { State or country (and how long in the United States, if of foreign birth. } England

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number. } 39 St. Fremont St

Cause of Death, { First (Primary,) Advanced Age
Second (Immediate,) Diarrhea

Duration of Last Sickness, 100 days

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Ave. Richard M. Sherry M. D. Medical Attendant.

Date of Burial, July 28 1877

{ Undertaker, P. Kimmel Address 187 N. Howard St
Place of Business, Muller

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 19533,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Sex, Male ☒ Female ☐

Cross out the word not required in this line.

Age,

Thirty five

Years,

—

Months,

—

Days.

Color,

White

Married, Single, ~~Widow~~ or ~~Widower~~,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

City

Duration of Residence in the City of Baltimore,

35 yrs

Place of Death,

Give street and number.

62. Ashmun St.

Cause of Death,

First (Primary.)

Second (Immediate.)

Heart disease

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Greenmount Cemetery

Date of Burial,

July 27th. 1877

Undertaker,

Charles Russing

Place of Business,

No. 136 E. Gayett St.

D. C. Ireland M. D. Medical Attendant.

Address: Corcoran E. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 19534

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

July 26th

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

John J. Murphy.

Sex, Male or Female,

Cross out the word not required in this line.

Male.

Age,

1. Years,

1. Months,

11. Days.

Color,

Black.

Married, Single, Widow or Widower,

Cross out the word not required in this line.

Occupation,

Birthplace, State or country (and how long in the United States, if of foreign birth.)

Parish Alley. No. 1

Duration of Residence in the City of Baltimore,

One year.

Place of Death, Give street and number.

Clayton row No. 6.

Cause of Death,

First (Primary.)
Second (Immediate.)

Whooping cough

Duration of Last Sickness,

4 weeks.

All the above information should be furnished by the Physician.

Place of Burial,

Laurel Cemetery

Date of Burial,

July 27 1879

Undertaker,

C. W. Byrd

Place of Business,

201 Pen av

Address

Es. Strick & Denton

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 19535

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *July 26* 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Estelle Jones*

Sex, ~~Male~~ Female, { Cross out the words not required in this line. }

Age, *26* Years, *4* Months, *26* Days

Color, *Cauc*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) }

Baltimore City

Duration of Residence in the City of Baltimore, *Life*

Place of Death, { Give street and number. }

*No. 1. Waters St
Peters' Co*

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness, *about 6 Weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Laurel Cemetery*

Date of Burial, *July 27 1877*

{ Undertaker, *W. H. Bishop*

{ Place of Business, *Smith Hill*

Address, *93 Park Ave*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. *19536*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male ~~or~~ Female, { Cross out the word not required in this line. }

Age,

Years,

10 Months,

5 Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, *St. Patrick's Cemetery*

Date of Burial, *July 24th 1844*

{ Undertaker, *James D. Byrne*

{ Place of Business, *N^o 63 N. Front St*

Address

Balto. Southern Dispensary

J. W. White M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 19537

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 27th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Mary R Weishampel

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

Years,

Four Months, & one Days.
White

Color,

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

None
Baltimore
Leife

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

694 Saratoga St
Cholera Infantum
Spasms
Three weeks

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Greenmount Cemetery

Date of Burial,

July 28th 1877

Elis C Price & Son M. D.
Medical Attendant.

{ Undertaker,

John Cook

{ Place of Business,

Balto st near School

Address 262 Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 19538

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

M. A. Anne Wm. J. Garrett
(Parents)

Sex, Male or Female,

Cross out the word not required in this line.

Age,

Years, 2 *minutes*

Color,

White.

Married, Single, Widow or Widower,

Cross out the word is not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Balto City

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

88 Schrock St

Cause of Death,

First (Primary.)

Second (immediate.)

Normal birth, at the month, died immediately after delivery. (2 minutes)

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial,

direct cemetery

Date of Burial,

July 27 1899

Undertaker,

J. B. Leach

Place of Business,

No 707 W Baltimore Street

Address

City
M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 19539.

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 17 "mo 26" 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Carrie B. Hunting

Sex, Male or Female, { Cross out the word not required in this line. } female

Age, 1 Months, 17 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } —

Occupation, —

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore

Duration of Residence in the City of Baltimore, during life

Place of Death, { Give street and number. } 399 Druid Hill Avenue

Cause of Death, { First (Primary,) Diarrhoea
Second (Immediate,) }

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, July 27 1877

{ Undertaker, Geo. S. Hughes
Place of Business, 260 E. Baltimore St }

Address 47 Lexington St

Wm. Riley M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19570

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Sex, Male or Female,

Cross out the word not required in this line.

Age,

Years,

Color,

Months,

Days.

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

Cause of Death,

First (Primary),

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

Undertaker,

Place of Business,

Address

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19571.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

Years,

Months,

Days.

Color,

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give street and number. }

Cause of Death,

{ First (Primary.)
Second (Immediate.) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

Undertaker,

Place of Business,

Address

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19542

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 27th 7 A.M.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Kate Finney

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, Years, 2 Months, 7 Days.

Color,

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Balt^o

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

43 President St

Cause of Death, { First (Primary,) Second (Immediate,) }

chol Infantum

Duration of Last Sickness,

Three days

All the above information should be furnished by the Physician.

Place of Burial, St. Vincent's Church

Date of Burial, July 27 1877

Abner Shertzer M. D.
Medical Attendant.

{ Undertaker, Jacob Finney

Address 11 S High St

{ Place of Business,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 19543

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 25th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Lora Sapp

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age, 1 Years, 4 Months, 8 Days.

Color, white

Married, Single, Widower or Widowed, { Cross out the words not required in this line. }

Occupation, Infant

Birthplace, { State or county (and how long in the United States, if of foreign birth. } Balt^o Md.

Duration of Residence in the City of Baltimore, whole life

Place of Death, { Give street and number. } 392 E. Fayette St.

Cause of Death, { First (Primary,) Dentition
Second (Immediate,) Marasmus

Duration of Last Sickness, three months

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, July 27/77

{ Undertaker, J. R. Way
Place of Business, 54 N Broadway Address 29 S Broadway

J. R. Way M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 19544

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

26th July 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Friedrick Reis

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

7 Years,

3 Months,

Days.

Color,

white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Balti -

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

1 Jackson Court

Cause of Death, { First (Primary.) Second (Immediate.) }

Pulmonary Consumption

Duration of Last Sickness,

6 months

All the above information should be furnished by the Physician.

Place of Burial, Sweet home C.

Date of Burial, July 27 - 1877

Edw. J. Nicholson M. D.
Medical Attendant.

{ Undertaker, J. P. Blackiston & Son

{ Place of Business, 606 Pratt St

Address 279. W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 19545

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

26th July 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Lillie M Brooks

Sex, Male or Female,

Cross out the word not required in this line.

Age,

Years,

17

Months,

5

Days,

Color,

White

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Balto -

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

7 7th Avenue

Cause of Death,

First (Primary.)
Second (Immediate.)

Cholera Infantum
2 weeks -

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Mount Olivet

Date of Burial,

July 28

Undertaker,

J. F. Ryanse

Place of Business,

207 Hanover

Address

207 Hanover St

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 19546

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

Date of Death,

July 27

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

George Burger

Sex, Male or Female,

Cross out the word not required in this line.

Male

Age,

one

Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

No 163 Lader, Ave

Cause of Death,

First (Primary)

Second (Immediate)

Cholera infantum

Duration of Last Sickness,

All the above information should be furnished by the Physician.

one week

Place of Burial,

St. Michael's Cemetery

Date of Burial,

28 July 1877

M. D.

Medical Attendant.

Undertaker,

John C. Smith

Place of Business,

765 N. E. Ave

Address

12 S. E. Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19547

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 27 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents }

Harry C. Hooper

Sex, Male or Female, { Cross out the word not required in this line. }

Age, One Years,

Months, 23

Days.

Color, white

Sex, Male

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Division St

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Division St
Calera Infirmary

Cause of Death, { First (Primary,) Second (Immediate.) }

Duration of Last Sickness,

10 - days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, July 28th 1877

H. J. Hancock M. D.
Medical Attendant.

{ Undertaker, Jacob Weaver

{ Place of Business, No 4 x 6 Druid Hill Avenue

Address Camp & Freshman City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 19548

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 27th 1877 -

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Fannika Wheeler

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, Years, Seven Months, Ten Days.

Color, Sex,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Five Years

Place of Death, { Give street and number. } No 462 N. Gay St

Cause of Death, { First (Primary,) Cholera Infantum
Second (Immediate,) }

Duration of Last Sickness, Fourteen days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery J. H. Patton

Date of Burial, 28 of July M. D.

{ Undertaker, Adam Fink.

{ Place of Business, 461 N. Gay St. Address S. E. Cor. Gay & Caroline St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 195219

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately, out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { Cross out the words not required in this line. }

Age,

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary.) Second (Immediate.) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

Undertaker,

Place of Business,

July 27 44
Alfred Mauer
Male
22 Days
Months, 22
White

Baltimore
Since Birth
448 Cross St

Constitutional
me day

James H. Stewart M.D.

448 Cross St

Address, Cross Street & Register

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. *19550*

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *July 26^d 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Caroline Hutzler*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } *Female*

Age, *74* Years, Months, Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Married*

Occupation, *None*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Germany*

Duration of Residence in the City of Baltimore, *Forty years*

Place of Death, { Give street and number. } *170 W. Paul and Street*

Cause of Death, { First (Primary,) Second (Immediate.) } *Paralysis from Embolism exhaustion*

Duration of Last Sickness, *Seven days*

All the above information should be furnished by the Physician.

Place of Burial, *Mar Sinai Cemetery*

Date of Burial, *July 29th 1877*

Undertaker, *Wm J. Tickner*

Place of Business, *65 S. Eustaw St* Address *88 N. Eustaw Street*

R. Prudenwald M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 89551

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 27th
 Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Bernard Carter Hall
 Sex, Male ~~Female~~, { Cross out the word not required in this line. }
 Age, 15 Years, Months, Days.
 Color, white Sex, male
 Married, Single, ~~Married~~, { Cross out the words not required in this line. }
 Occupation,
 Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore, Md.
 Duration of Residence in the City of Baltimore,
 Place of Death, { Give street and number. } No 378 Eutan Place
 Cause of Death, { First (Primary,) Chlora Infant.
 { Second (Immediate,) cerebral congestion
 Duration of Last Sickness, About ten days
 All the above information should be furnished by the Physician.
 Place of Burial, Hall's Stationer's Bldg
 Date of Burial, July 27th 4 P. M. Rypin Duckles M. D. Medical Attendant.
 { Undertaker, H. W. Jenkins
 { Place of Business, Light St Address 135 N. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(Transit 838)

[OVER.]

Permit No. *19552*

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *July 27th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Edith Campbell Ford*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *11* Years, *9* Months, *23* Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, *None*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Balt.*

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } *4712 Archer St.*

Cause of Death, { First (Primary,) Second (Immediate,) } *Cholera Infantum*
Spurious Hydrocephalus

Duration of Last Sickness, *6 Weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Linden Park Cemetery*

Date of Burial, *July 29th 1877*

{ Undertaker, *Jno H Weaver*

{ Place of Business, *22 West Fayette St*

Louis C. Brown

M. D.

Medical Attendant.

Address *226 Mulberry*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. **19553,**

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 27th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Larson S. Pearson

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age, **1** Years, **6** Months, **7** Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Balto - City since birth

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

**115 Montgomery St.
Marasmus
Diarrhea
18 Mo**

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, **Balto Cemetery**

Date of Burial, **July 28/77**

{ Undertaker, **Armstrong & Son**

{ Place of Business, **262 Light St.**

Address **Harmon Barr St.**

R. E. Lee M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 19554

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 25th 1877
 Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Alfred B. Beckett
 Sex, Male or Female, { Cross out the word not required in this case. }
 Age, 41 Years, Months, Days.
 Color, white
 Married, Single, Widow or Widower, { Cross out the words not required in this case. }
 Occupation, Machinist
 Birthplace, { State or country (and how long in the United States, if of foreign birth.) } New Jersey
 Duration of Residence in the City of Baltimore, The twenty years,
 Place of Death, { Give street and number. } 52 N. Market St.
 Cause of Death, { First (Primary,) Phthisis Pulmonalis
 { Second (Immediate,) Exhaustion
 Duration of Last Sickness, Two weeks
 All the above information should be furnished by the Physician.
 Place of Burial, Foulton Park
 Date of Burial, July 27
 { Undertaker, C. W. Blizard
 { Place of Business, 201 Pen Ave
 Address, G. H. Rusk M. D. Medical Attendant.
 Balt. & Market Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 19555

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 26th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

John Miller

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 50 Years,

Color, White Months,

Days,

Married, ~~Single~~ ~~Widow~~ ~~Never~~, { Cross out the word not required in this line. }

Occupation,

None Maryland

Birthplace, { State or country (and how long in the United States. If of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

246 St. Caroline St.
Softening of Brain
Apoplexy
Five days

Cause of Death, { First (Primary.) Second (Immediate.) }

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Western Cemetery

Date of Burial, July 28th 1877

Undertaker, Wm. H. Heichinger

Place of Business, 234 St. Jay St.

Address

George S. Ramond's M. D.
Medical Attendant.

59 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 9556

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *July 26th*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Alveta Langhorn*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *1* Years, *1* Month, *14* Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Maryland*

Duration of Residence in the City of Baltimore, *Native*

Place of Death, { Give street and number. } *52 Lycom St*

Cause of Death, { First (Primary,) Second (Immediate,) } *Cutting of same*

Duration of Last Sickness, *Five (5) weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Laurel Cemetery*

Date of Burial, *July 27 1897*

{ Undertaker, *Wm. H. Bishop & Co.*

{ Place of Business, *103 Druid Hill Ave.*

Wm. Arthur M. D.
Medical Attendant.

Address *192 Pearl St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

9557
OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately, out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 26th 77

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Rutherford B. Percy

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years,

1

Months,

14

Days.

Color,

white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Md -

Duration of Residence in the City of Baltimore,

Lifetime

Place of Death, { Give street and number. }

199 E. 1st St.

Cause of Death, { First (Primary), Second (Immediate), }

Chronic Inflammation of the Bowels
3 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore Cemetery

J. B. Boyle

Date of Burial,

July 28th 1877

M. D.

Medical Attendant.

{ Undertaker,

Wm. H. Hickman

Address

166 E. Eager St.

{ Place of Business,

234 Ch. Gay St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

9558,
OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 27th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents.

Patrick Drain

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years,

3

Months,

8

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Md.

Duration of Residence in the City of Baltimore,

Lifetime

Place of Death, { Give street and number. }

M. Kim St above Eager

Cause of Death, { First (Primary),
Second (Immediate). }

Chronic Diarrhoea

Duration of Last Sickness,

4 weeks

All the above information should be furnished by the Physician.

Place of Burial,

St Peter's Church

Date of Burial,

July 28th 1877

{ Undertaker,

Jos. S. Quinn

{ Place of Business,

17 N. Liberty St.

Jno. Brooke Boyle M. D.

Medical Attendant.

Address

166 E. Eager St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

9559.
The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

Years,

Months,

Days.

Color,

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give street and number. }

Cause of Death,

{ First (Primary.) }

{ Second (Immediate.) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

{ Undertaker,

{ Place of Business,

Address

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

City of Baltimore.

560

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 26

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Wilson Turner

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age,

Years,

10

Months,

Days.

Color,

Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

Since Birth

Place of Death, { Give street and number. }

177 West St

Cause of Death, { First (Primary),
Second (Immediate). }

Influenza Diarrhea
3 weeks

Duration of Last Illness,

All the above information should be furnished by the Physician.

Place of Burial,

Laurie Cemetery

Date of Burial,

July 29 1892

Undertaker,

W. Chase

Place of Business,

10178 Howard

Address

146 Howard

Thornton C. D. M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

City of Baltimore,
OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *July 26th 1877*
 Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *William Tilghman*
 Sex, Male or Female, { Cross out the word not required in this line. } *male*
 Age, *1* Years, *1* Months, *2* Days.
 Color, *Caucasian*
 Married, Single, Widow or Widower, { Cross out the words not required in this line. }
 Occupation,
 Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *B. C.*
 Duration of Residence in the City of Baltimore, *Lifetime*
 Place of Death, { Give street and number. } *51 Brunswick Alley*
 Cause of Death, { First (Primary,) Second (Immediate,) } *Cholera Infantum.*
 Duration of Last Sickness,
All the above information should be furnished by the Physician.
 Place of Burial, *Greenwood Cemetery*
 Date of Burial, *July 28 1877*
 { Undertaker, *B. M. Chase*
 Place of Business, *No 178 Howard St* } Address *144 Hanover*
J. H. Avery & Co. M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

562
OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 27th 1877.

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

John D. Yeager.

Sex, Male or Female,

{ Cross out the word not required in this line. }

Male

Age,

Years,

9

Months,

19

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

207 S. Paca St
Congestion of Brain

Cause of Death,

{ First (Primary,)
Second (Immediate,) }

Spasm
8 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

St. Alphonsus Cemetery

Date of Burial,

July 28th 1877

Undertaker,

John Machin

Place of Business,

150 Camden

C. L. Buddebottom M. D.
Medical Attendant.

Address 106. Columbus St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

563
OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *July 27th 1877*

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. *Susan Broadell*

Sex, ~~Male~~ or Female, Cross out the word not required in this line.

Age, *66* Years, Months, Days.

Color, *White*

Married, Single, Widow or Widower, Cross out the words not required in this line.

Occupation, *None*

Birthplace, State or country (and how long in the United States, if of foreign birth.) *Ireland*

Duration of Residence in the City of Baltimore, *30 years*

Place of Death, Give street and number. *Union Protestant Infirmary*

Cause of Death, First (Primary), Second (Immediate), *Consumption*

Duration of Last Sickness, *one year*

All the above information should be furnished by the Physician.

Place of Burial, *Sunder Park Cemetery*

Date of Burial, *July 28th 1877*

Undertaker, *C. H. Blizzards*

Place of Business, *201 Penn Ave*

Address, *92 Market St*

Chas. Fawcett M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

City of Baltimore,
OFFICE OF REGISTRAR OF VITAL STATISTICS

95641
The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 26th

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Domnick Fallon

~~Sex, Male or Female,~~

{ Cross out the word not required in this line. }

Age,

26

Years,

Months,

Days.

Color,

White

Married, ~~Single, Widow or Widower,~~

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Ireland

Duration of Residence in the City of Baltimore,

27 years

Place of Death,

{ Give street and number. }

Emory St Forest St

Cause of Death,

{ First (Primary,) }

Dysentery -

{ Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Howanstown Cemetery

Date of Burial,

29 July 4 O'clock

Chas. O'Donnovan

M. D.

Medical Attendant.

{ Undertaker,

George C. Rodemann

Address

{ Place of Business,

138 E. Main St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 195687

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 27th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Idie Linn*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } *Female*

Age, *One* Years, *5* Months, *5* Days.

Color, *Light-brown* Sex, *Female*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore*

Duration of Residence in the City of Baltimore, *all life*

Place of Death, { Give street and number. } *9 Wilmore alley*

Cause of Death, { First (Primary,) *Choking* Second (Immediate,) *Convulsion* }

Duration of Last Sickness, *about one week*

All the above information should be furnished by the Physician.

Place of Burial, *Laurel cemetery*

Date of Burial, *July 28th 1877*

{ Undertaker, *Chenoweth & Co* Address *36 Madison Avenue* }

{ Place of Business, *341 100 ave* }



John Dickson

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

566

City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within ~~twenty-four~~ ^{four} hours after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *July 28th, 1877*

Full Name of Deceased, *Maggie Miller*

Sex, Male or Female, *Female*

Age, *3 Months*

Color, *White*

Married, Single, Widow or Widower, *Single*

Occupation, *None*

Birthplace, *Philadelphia, Pa.*

Duration of Residence in the City of Baltimore, *2 months*

Place of Death, *262 S. Bond St.*

Cause of Death, *Syphilitic Cachexia*

Duration of Last Sickness, *Croup Colic*

Place of Burial, *St. Patrick's Cemetery*

Date of Burial, *July 28th, 1877*

Undertaker, *Leonhard W. W. W.*

Place of Business, *St. Patrick's Cemetery*

John H. Rehberger

M. D.

Medical Attendant.

Address *243 Alice Anna St.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

567
OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 26.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Mary E. Howard

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

Years,

2

Months,

28

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

Since Birth

Place of Death, { Give street and number. }

26. Washington Road

Cause of Death, { First (Primary,) Second (Immediate,) }

Pneumonia

Duration of Last Sickness,

4 days

All the above information should be furnished by the Physician

Place of Burial,

Baltimore County

Date of Burial,

July 28th 1899

Herbert L. Latta M. D.
Medical Attendant.

{ Undertaker,

John MacLean

{ Place of Business,

at 150 Canton

Address

146 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19568

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 27

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Minnie Seavee

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 2 Years, 10 Months, 0 Days.

Color, Black

Married, Single, Widowed or Widower, { Cross out the word not required in this line. } Single

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number. } No 4 Welch Alley

Cause of Death, { First (Primary) } Diphtheria-Croup

{ Second (Immediate) }

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 28

{ Undertaker, William J. Lynam } Address 183 W. Fayette St

{ Place of Business, 63 East St }

J. M. Seavee M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

City of Baltimore.
7569
OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *July 27th 1877.*
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *John Longley*
Sex, Male or Female, { Cross out the word not required in this line. } *Male*
Age, *70* Years, *11* Months, *18* Days.
Color, *white*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, *Labourer*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore Md.

Duration of Residence in the City of Baltimore,

During life

Place of Death, { Give street and number. }

22 Lilling's St.

Cause of Death, { First (Primary,) Second (Immediate,) }

Haemoptysis.

Duration of Last Sickness,

1 day.

All the above information should be furnished by the Physician.

Place of Burial,

Mount Olivet

Date of Burial,

July 29th

{ Undertaker,

Armstrong & Deeney

{ Place of Business,

corner of Light & Montgomery St.

Address

321 Light St.

J. E. Harrington M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19570

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 27th / 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Elizabeth Butler

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age, 65 Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Married

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Germany

Duration of Residence in the City of Baltimore,

Thirty three years

Place of Death, { Give street and number. }

78 N. Durham St.

Cause of Death, { First (Primary.) Second (Immediate.) }

Acites

Duration of Last Sickness,

Six months

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore Cemetery

Date of Burial,

July 28th / 1877

C. Edward Miller M. D.
Medical Attendant.

{ Undertaker,

Wm. B. Borden

{ Place of Business,

256 Canton St.

Address

1 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 19571

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 24th 1875
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Edward Mitchell
Sex, Male or Female, { Cross out the word not required in this line. }
Age, 17 Years, Months, Days,
Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Porter

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, July 29th 1875

{ Undertaker, H. H. Heston
Place of Business, 65 S. Broadway }

C. E. Ogle Coroner
M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 195721

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *Friday July 27th 1877*

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. *Martha Ellen Goodwin*

Sex, ~~Male~~ or Female, Cross out the word not required in this line. *Female*

Age, *1* Years, *8* Months, *10* Days.

Color, *White* Sex, *Female*

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, Cross out the words not required in this line. *Single*

Occupation, _____

Birthplace, State or country (and how long in the United States, if of foreign birth.) *95 Courlett St Canton*

Duration of Residence in the City of Baltimore, *Since birth*

Place of Death, Give street and number. *95 Courlett St*

Cause of Death, First (Primary,) Second (Immediate.) *Typhoid*

Duration of Last Sickness, *4 Month* *Gravitated Kidney Bright disease & tropical hemorrhage*

All the above information should be furnished by the Physician.

Place of Burial, *Balto cemetery*

Date of Burial, *July 28th 1877*

Undertaker, *Hughes & Co* Address *28, O'Donnell St*

Place of Business, *65 S Broadway*

Enoch M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 19573

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 27 1897

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Elizabeth Wenty

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 67 Years, Months, Days.

Color, W Sex, F

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Widowed

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Dutch of Nassau

Duration of Residence in the City of Baltimore, 44 years

Place of Death, { Give street and number. } 276 E. Baltimore St

Cause of Death, { First (Primary,) Chronic Disease of Liver - Second (Immediate,) Paralysis - W. Attack

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Batts cemetery

Date of Burial, July 28th 1897

Undertaker, Hughes & Co

Place of Business, 65 S Broadway

Richard M. Sherry M. D. Medical Attendant

Address 187 N. Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 19574

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased,

Sex, Male or Female,

Age,

Color,

Married, Single, Widow or Widower,

Occupation,

Birthplace,

Duration of Residence in the City of Baltimore,

Place of Death,

Cause of Death,

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

Undertaker,

Place of Business,

Years,

Months,

Sex, Male

18 Days.

Balto. Md.

No. 349 E. Monument St.
Cholera Infantum

One week.

Balto. Cemetery

July 29th

Charles Rosenberg

155 E. Fayette St.

Francis A. Daves M. D.
Medical Attendant

Address 105 N. Central Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 19575

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jul. 28th 1877
 Full Name of Deceased, Sarah Eliza
 Sex, Male or Female, Female
 Age, 78 Years, 11 Months, 23 Days.
 Color, White

Married, Single, Widow or Widower, Widow
 Occupation, _____

Birthplace, Baltimore
 Duration of Residence in the City of Baltimore, Life

Place of Death, at home
 Cause of Death, Apoplexy
 Duration of Last Sickness, Transition

All the above information should be furnished by the Physician

Place of Burial, Green Mt. Cemetery
 Date of Burial, July 30th 1877
 Undertaker, H. H. Jenkins & Son
 Place of Business, 16 Light St
 Address 121 W. Howard St
 Dr. Miller M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 19576

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 27th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Grafton Trippe

Sex, Male or Female,

Cross out the word not required in this line.

Age,

Years,

21

Months,

16

Days.

Color,

White

~~Married~~, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace, State or country (and how long in the United States, if of foreign birth.)

142 Laurel St Baltimore

Duration of Residence in the City of Baltimore,

all life

Place of Death, Give street and number.

142 Laurel St

Cause of Death,

First (Primary.)

Second (Immediate.)

Marasmus

Duration of Last Sickness,

Four weeks

All the above information should be furnished by the Physician.

Place of Burial,

Green Mount Cemetery

Date of Burial,

July 29th 1877

Undertaker,

H. W. Jenkins of son

Place of Business,

16 Light St.

Address

201 Madison Ave

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 19577

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 22nd 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Elizabeth Rust Nicholas

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age, 72 Years, — Months, — Days.

Color, White Sex, Female

~~Married, Single, Widow or Widower,~~ { Cross out the words not required in this line. }

Occupation, —

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Richmond Va

Duration of Residence in the City of Baltimore, 12 years

Place of Death, { Give street and number. } 118 8th Park St Balt City

Cause of Death, { First (Primary,) Chronic Cystitis
Second (Immediate,) Uraemic Poison

Duration of Last Sickness, 6 or 7 months

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery

Date of Burial, July 28th 1877

{ Undertaker, H. W. Jenkins & Son
Place of Business, 16 Light St. Address

H. W. Jenkins M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 19578

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 27th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

George Bias

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years,

Months,

Days.

Color,

Colored

Married, Single, Widower or Widowed, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

6 years.

Place of Death, { Give street and number. }

3 Rose St.

Cause of Death, { First (Primary.)
Second (Immediate.) }

Cholera Infantum
Convulsions
2 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Laurel Cemetery

Date of Burial,

July 29 . 77

Undertaker,

B. J. Chase

Place of Business,

12 Shaw Avenue

Eldridge C. Price M. D.
Medical Attendant.

Address 262 Madison Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 19077

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 28th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Maud Bailey

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, Years, Months, 28 Days.

Color, White Sex, Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, life

Place of Death, { Give street and number. } 180 St Paul St

Cause of Death, { First (Primary,) { Second (Immediate,) } Rubella et birth Inanition

Duration of Last Sickness, life

All the above information should be furnished by the Physician.

Place of Burial, Greenwood Cemetery

Date of Burial, July 28 1877

Undertaker, McWaters.

Name of Business, for family

Address 93 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 19580

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 27th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Robert Jennings

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

58 Years,

6 Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Shoemaker

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

England

Duration of Residence in the City of Baltimore,

46 Years

Place of Death, { Give street and number. }

426 E. Monument St

Cause of Death, { First (Primary,) Second (Immediate,) }

Bright's Disease of the Kidney
One Year

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Balto Cemetery

Date of Burial,

July 29th 1877

{ Undertaker,

Fry & Co

{ Place of Business,

57 W. Broadway

Address

137 Calver St

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 19581

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 27th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Julia E. O'Laughlin

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

3 Years,

3 Months,

Days.

Color,

White

Married, Single, Widow or Widower { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth) }

Baltimore city

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

30 Rock street

Cause of Death, { First (Primary), Second (Immediate), }

Convulsions

Duration of Last Sickness,

3 hours

All the above information should be furnished by the Physician

Place of Burial, St Peter's cemetery

Date of Burial, July 29th 1877

Undertaker, J. B. Cook

Place of Business, No 707 N. Baltimore street

Address

143 Mulberry street

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately, out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 27th 1877
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary E. Monac.
Sex, ~~Male~~ Female, { Cross out the words not required in this line. }
Age, Years, 7 Months, Days
Color, White
Married, Single, Widower or Widower, { Cross out the words not required in this line. }
Occupation,
Birthplace, { State or country (and how long in United States, if of foreign birth.) } Balt. City
Duration of Residence in the City of Baltimore,
Place of Death, { Give street and number. } 42 Street
Cause of Death, { First (Primary,) Cholera Infantum
Second (Immediate,) 7 days
Duration of Last Sickness,
All the above information should be furnished by the Physician.
Place of Burial, Western Cemetery
Date of Burial, July 28th 1877
{ Undertaker, J. B. Cook
Place of Business, No 707 W Baltimore Street }
R. J. H. Tall M. D.
Medical Attendant.
Address, 158 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Permit No. 19583

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 27 / 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Rachel Solomon

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 64 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Germany

Duration of Residence in the City of Baltimore, 40

Place of Death, { Give street and number. } 168 Franklin St

Cause of Death, { First (Primary,) Cancer of the Liver
Second (Immediate,) exhaustion }

Duration of Last Sickness, 9 months

All the above information should be furnished by the Physician.

Place of Burial, Loyd Street Synagogue Cemetery J. J. Knight M. D. Medical Attendant.

Date of Burial, July 29th 1877

Undertaker, A. B. Cook

Place of Business, No 707 N Baltimore street

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 19584

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 27th 97
Ellenor Curley

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents }

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

Years,

6

Months,

14

Days.

Color,

White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Md.
Baltimore
No 2 Webb St.

Cause of Death, { First (Primary,) Second (Immediate,) }

Cholera Infantum
2 days

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Holy Cross Cemetery

Date of Burial, July 28 1897

Undertaker, James P. Byrne

Place of Business, 1863 N. Front St.

J. B. Boyle

M. D.

Medical Attendant.

Address 166 E. Eager St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

City of Baltimore, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 19585

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 27 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary John Warner

Sex, Male ~~Female~~ { Cross out the words not required in this line. }

Age, _____ Years, _____ Months, 10 Days

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 145 E. Pratt St

Cause of Death, { First (Primary.) Second (Immediate.) } Convulsion

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, July 28 1877

{ Undertaker, Wm Dippel Address, Commis of Health }
{ Place of Business, Bond St Registrar }

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Maria Steiner [OVER.]

Board of Health, City of Baltimore,
Permit No. 19586

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *July 28th 1877*
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Edward Crowe*
Sex, *Male* ~~Female~~. { Cross out the words not required in this line. }
Age, *12* Years, *5* Months, *22* Days
Color, *white*
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation,
Birthplace, { State or country (and how long in United States, if of foreign birth.) } *Balt City*
Duration of Residence in the City of Baltimore, *Life*
Place of Death, { Give street and number. } *24 Centre Market Sp. on*
Cause of Death, { First (Primary,) *Heart Disease -*
Second (Immediate,) *one year.* }
Duration of Last Sickness, *one year.*
All the above information should be furnished by the Physician.
Place of Burial, *Balt Cemetery*
Date of Burial, *July 29th 1877* M. D.
{ Undertaker, *Wm. D. Dippel*
Place of Business, *Bond St.* Address, *Commissioner of Health & Registrar*

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 1938

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JUL 28 1877
BALTIMORE

Date of Death,

July 27th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents }

Louis Hartman

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age, 26 Years,

Months,

13 Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Married

Occupation,

Cabman

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Balt.

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give street and number. }

Hebrew Hospital Mont. St.

Cause of Death, { First (Primary), Second (Immediate), }

Abdominal Abscess

Duration of Last Sickness,

Between 11 + 12 Months

All the above information should be furnished by the Physician

Place of Burial, Baltimore Cemetery

Date of Burial, 29 July 1877

Undertaker, Christopher Hesse

Place of Business, 141 Lomb St

A. C. Stein.

M. D.

Medical Attendant.

Address Hebrew Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 195881

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 27 1877
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Charlie
Sex, Male ~~Female~~ { Cross out the words not required in this line. }
Age, _____ Years, 6 Months, _____ Days

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. }

Cause of Death, { First (Primary),
Second (Immediate), }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Paul Cemetery

Date of Burial, July 28 1877

{ Undertaker, M. H. C. Perry

{ Place of Business, Pratt St

Address, Commis of Health

Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Charlotte Goldsborough who was raising it

Permit No. 19589

OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 27. 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Ida Mary Shipley

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years,

11

Months,

4

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Balt. Md.

Duration of Residence in the City of Baltimore,

11 Mos. 4 days

Place of Death, { Give street and number. }

775 N. Pratt St.

Cause of Death, { First (Primary,) Second (Immediate,) }

Cholera Infantum

Duration of Last Sickness,

Two weeks

All the above information should be furnished by the Physician.

Place of Burial,

Quaker Burial Ground

Date of Burial,

July 29. 1877

Undertaker,

Chas. A. Fowler

Place of Business,

No 521 N. Pratt

Address

379 N. Lombard St.

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 19590

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years,

Color,

Colored

3
Sex,

Months,

11

Days.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary),
Second (Immediate), }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, N. Pub Cemetery

Date of Burial, July 28th 1877

Undertaker, W. C. Perry

Place of Business, Pratt St

Address

W. C. Knowles M. D.
Medical Attendant

55 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. *19591*

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *July 27th 1877*

Full Name of Deceased, *Kansa V. Marks*

Write legibly and spell correctly. If an infant not named, give names of parents.

Sex, *Female*, Cross out the word not required in this line.

Age, *1* Years, *11* Months, Days.

Color, *white*

~~Married~~ Single, ~~Widow~~ ~~or~~ ~~Widower~~, Cross out the words not required in this line.

Occupation,

Birthplace, State or country (and how long in the United States, if of foreign birth.) *Baltimore*

Duration of Residence in the City of Baltimore, *Since birth*

Place of Death, Give street and number. *146 S. Caroline St.*

Cause of Death, First (Primary),
Second (Immediate), *Cholera Infantum*

Duration of Last Sickness, *Seven weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Curtis Creek*

Date of Burial, *July 29th 1877*

Aug. F. Esich

M. D.

Medical Attendant.

Undertaker, *Henry Lander*

Place of Business, *205 Canton Ave*

Address *94 S. Broadway*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 19592

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { Cross out the words not required in this line. }

Age, 84 Years, Months, 8 Days

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary.)
Second (Immediate.) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, S. Alphonse

Date of Burial, July 29

Undertaker, M. France

Place of Business, 121 Canton St.

Address, Commis of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by M. France Undertaker

Permit No. *19593*

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *July 27th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Barbara A. Eckert*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *57* Years, Months, Days.

Color, *White*

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Balt. City*

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } *65 Camden St*

Cause of Death, { First (Primary,) Second (Immediate,) } *Diphtheria*

Duration of Last Sickness, *8 days*

All the above information should be furnished by the Physician.

Place of Burial, *Greenmount Cemetery*

Date of Burial, *July 29th 1877*

A. M. Mers M. D.
Medical Attendant.

{ Undertaker, *J. B. Blackwood*

{ Place of Business, *606 Bath St*

Address *95 S. Sharp St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 195941

The Physician who attended any person in a last illness is responsible for the presentation, to the Undertaker or other person superintending the burial, within twenty-four hours, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PRO

CERTIFICATE OF DEATH

Date of Death, July 27 1877
Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents. Harry Kelly (Mother)

Sex, ~~Male~~ Female, Cross out the words not required in this line.

Age, _____ Years, _____ Months, one Days

Color, white

Married, Single, Widow or Widower, Cross out the words not required in this line.

Occupation, _____

Birthplace, State or country (and how long in United States, if of foreign birth.) Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, Give street and number. 11 Payson St

Cause of Death, First (Primary.)
Second (Immediate.) Suffocation

Duration of Last Sickness, _____

All the above information should be furnished by the Physician.

Place of Burial, A. Park Cemetery

Date of Burial, July 28 1877

Undertaker, M. H. C. Perry

Place of Business, Bratt St

M. D. _____
Address, Commissioner of Health
& Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information to Ogle Coroner [OVER.]

Permit No. 19595

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 26th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Martha Barnes

Sex, ~~Male~~ Female, { Cross out the words not required in this line. }

Age, About 30 Years,

Months,

Days

Color, BLK

~~Married~~, Single, ~~Widow~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) }

unknown

Duration of Residence in the City of Baltimore,

6 months

Place of Death, { Give street and number. }

51 Parrish alley

Cause of Death, { First (Primary,) Second (Immediate,) }

Consumption

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, N. Park Cemetery

Date of Burial, July 28th 1877

{ Undertaker, M. H. C. Peck }

{ Place of Business, Pratt St }

Address, Commis of Health

Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death except in cases of births and deaths of illegitimate children.

Information by persons in house where she died

City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19596

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

28th day of July 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Maria. Hyland

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, Years, 2 Months, 13 Days.

Color, White Sex, Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Single

Occupation, None

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Balto City

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give street and number. }

No 6th S. Stricker

Cause of Death, { First (Primary), Second (Immediate), }

Infantile Dysentery

Duration of Last Sickness,

4 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, July 29th 1877

S. P. Hoffman M. D. Medical Attendant.

{ Undertaker, J B Clark

Address

Payett street

{ Place of Business, No 707 W. Baltimore street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 19597

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 27th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents }

Ella Clayton

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age, Five (5) Years, Five (5) Months, Two (2) Days.

Color, ~~White~~ Black Sex, _____

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

City of Balto

Duration of Residence in the City of Baltimore, _____

Place of Death, { Give street and number. }

No 9 Stockholm St

Cause of Death, { First (Primary,) Second (Immediate,) }

Marasmus

Duration of Last Sickness, _____

3 Weeks -

All the above information should be furnished by the Physician.

Place of Burial, ~~Shelton St Cemetery~~ Ino. S. Blake

Date of Burial, July 28 1877

M. D.

Medical Attendant.

{ Undertaker, William A. Denzow

Address 140 South St

{ Place of Business, No 10 Stockholm St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

K O D

Permit No. 19598

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 28th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Lydia Jens.

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, Ten Years, Months, Days.

Color, White Sex,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore, Md.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 255, W. Fayette Street

Cause of Death, { First (Primary,) Second (Immediate,) } Diphtheria

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery Morris Wiener M. D.

Date of Burial, July 30th 1877

{ Undertaker, William Heidemeyer Address 249, W. Fayette St. }
{ Place of Business, 518 W. Baltimore St }

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Permit No. 19599

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *July 28 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Martha E. A. C. Cassell*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } *Female*

Age, _____ Years, _____ Months, *15* Days.

Color, *White* Sex, *Female*

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Balto*

Duration of Residence in the City of Baltimore, *Life*

Place of Death, { Give street and number. } *57 Booth St*

Cause of Death, { First (Primary,) *Cholera Infantum*
Second (Immediate,) *" "*

Duration of Last Sickness, *11 days*

All the above information should be furnished by the Physician.

Place of Burial, *Western Cemetery*

Date of Burial, *July 29th 1877*

{ Undertaker, *J. B. Cook*

{ Place of Business, *No 707 W Baltimore Street*

Address *396 W Fayette*

Thos Opie M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 29600

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 28th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Butler

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 50 Years, Months, Days.

Color, White Sex,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Laborer

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, Thirty years

Place of Death, { Give street and number. } 450 W. Lombard

Cause of Death, { First (Primary,) Effect of Heat
Second (Immediate,) Congestion of Brain & apoplexy
Two days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Peter's cemetery

Date of Burial, July 30th 1877

Undertaker, J. B. Cook Address 558 W. Fayette St.

Place of Business, 1670 7th Baltimore street

John Niff M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 19601

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 28th 3²⁴ P.M. 1899

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William Edward Vogt,

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Years, 11 Months, 9 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Balt. City

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number. } 244 Alice Anna

Cause of Death, { First (Primary,) Second (Immediate,) } Cholera Infantum

Duration of Last Sickness, Two or three weeks

All the above information should be furnished by the Physician.

Place of Burial, Myers Cemetery

Date of Burial, on the 30th

Undertaker, H. Bein

Place of Business, no 252 Aliceanna

Address 299 E. Baltimore

James E. Driville M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19602

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 24, 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William Christopher Barker

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 1 Years, 21 Months, 27 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balt. Ind.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number. } 118 E. Biddle St.

Cause of Death, { First (Primary,) Cholera Infantum
Second (Immediate,) Congestion of Brain

Duration of Last Sickness, 6 Days

All the above information should be furnished by the Physician

Place of Burial, Bull's Cemetery

Date of Burial, July 24th 1877

{ Undertaker, William H. Hickman

{ Place of Business, 234 N. Gay St

Geo. A. Hartman M. D.
Medical Attendant.

Address 305 N. Caroline St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 7603,

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 27th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Catherine (Katterhorn

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 9 Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Prussia

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 287 S. Wolf St

Cause of Death, { First (Primary,) Second (Immediate,) } Senile Eclampsia

Duration of Last Sickness, 2 d.

All the above information should be furnished by the Physician.

Place of Burial, Fells Pt Cemetery

Date of Burial, July 29th 1877

{ Undertaker, Henry Hoffman

{ Place of Business, S Wolf Street

Address 245 S. Baltimore

J. H. M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 19604

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 28 1877.

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Harry Bitz

Sex, Male ~~Female~~

{Cross out the word not required in this line.}

Age,

~~Years~~

Three, Months, fifteen

Days.

Color,

~~Married, Single, Widow or Widower,~~

{Cross out the word not required in this line.}

Occupation,

Birthplace,

{State or country (and how long in the United States, if of foreign birth.)}

Baltimore Md.

Duration of Residence in the City of Baltimore,

Since birth

Place of Death,

{Give street and number.}

698 West Pratt St

Cause of Death,

{First (Primary,) Second (Immediate,)}

Cholera Infantum
Genl. Debility -

Duration of Last Sickness,

Ten days

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore Cemetery

Date of Burial,

July 29 77

W. O. Coombs

M. D.

Medical Attendant.

{ Undertaker,

Mr. M. Leonardson

Address

114 Penna Ave,

{ Place of Business,

782 N. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 19605

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 26th 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Laura E. Green-

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 6 Years, 5 Months, 25 Days.

Color, White Sex,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Maryland -

Duration of Residence in the City of Baltimore, 3 years

Place of Death, { Give street and number. } Broadway St No. 8.

Cause of Death, { First (Primary,) Scarlet Fever -
Second (Immediate,) }

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cem^{try}

Date of Burial, July 29th

{ Undertaker, H. Froehlich

{ Place of Business, 246 Eastern Av

Address

J. H. Martin M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 19606

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Aquilla Hawkins

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 52 Years, Months, Days.

Color, Col Sex, Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Pharmacist

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 30 years

Place of Death, { Give street and number. } 72 Davis St

Cause of Death, { First (Primary,) Second (Immediate,) } Albuminuria Uremic Poisoning

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 29

{ Undertaker, Abraham Wayman

{ Place of Business, 30 Saratoga St

Address 57. N. Calvert St

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 19607

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 28th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Mary Rebecca Lucas

Sex, Male or Female,

Cross out the word not required in this line.

Female

Age,

50

Years,

Months,

Days.

Color,

Colored

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Married

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore City

Duration of Residence in the City of Baltimore,

Since birth

Place of Death,

Give street and number.

138 S. Castle Street

Cause of Death,

First (Primary),
Second (Immediate).

Pericarditis (Rheumatic)

Duration of Last Sickness,

Four weeks

All the above information should be furnished by the Physician.

Place of Burial,

Laurel Cemetery

Date of Burial,

July 29th 1877

Undertaker,

Theodore E. Locke

Place of Business,

56 Jefferson St

Address

177 So. Broadway

C. Lawson Perkins M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

at No. 19608

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *July 27th 1877*
 Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Perusa Smith*
 Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } *Female*
 Age, *1* Years, *1* Months, *17* Days.
 Color, *White* Sex, *Female*
 Married, Single, Widow or Widower, { Cross out the words not required in this line. }
 Occupation, *—*
 Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore City*
 Duration of Residence in the City of Baltimore, *Entire life time*
 Place of Death, { Give street and number. } *103 Stirling St*
 Cause of Death, { First (Primary,) *Acute Cholera Infantum*
 { Second (Immediate,) *Convulsions*
 Duration of Last Sickness, *Probably several days*
 All the above information should be furnished by the Physician.
 Place of Burial, *July 29 - 77*
 Date of Burial, *Holy Cross Cem* *Whester Bathell M. D.*
 { Undertaker, *John J Rodenmayr* Address *12 D Epeter St*
 { Place of Business, *Cox, Semment are*
6 Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

96119

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years,

8 Months,

8 Days.

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, *St Alphonsus*

Date of Burial, *July 30th*

{ Undertaker, *E. B. Krause*

{ Place of Business, *209 Hancock*

Address



M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 28th 1877.

Full Name of Deceased, { Write legibly and fill correctly. If an Infant not named, give names of parents. }

Mary E. Scully

Sex, ~~Male~~ Female, { Cross out the words not required in this line. }

Age,

Years,

8 Months,

Days

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) }

Balto. City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

204 S. Sharp St.

Cause of Death, {

First (Primary),

Second (Immediate),

Cholera Infantum

Duration of Last Sickness,

8 days

All the above information should be furnished by the Physician.

Place of Burial,

St. Peters Cemetery

Date of Burial,

July 29 1877

R. J. N. Tall.

M. D.

Medical Attendant.

{ Undertaker,

Charles E. Herold

Address,

158 S. Sharp St.

{ Place of Business,

161 Hanover St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *July 28*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Philip W. Mills*

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, Years, *4* Months, *3* Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, *Bathman*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore*

Duration of Residence in the City of Baltimore, *Since Birth*

Place of Death, { Give street and number. } *27. Woodman St*

Cause of Death, { First (Primary,) Second (Immediate,) } *Phthisis*

Duration of Last Sickness, *Since Birth*

All the above information should be furnished by the Physician.

Place of Burial, *Western Cemetery*

Date of Burial, *July 29th*

Howard Brock M. D.
Medical Attendant.

{ Undertaker, *F. N. Froll* Address *146 Hanover St*

{ Place of Business, *131 Hanover St.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 19612

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents }

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age,

62 Years,

Months,

Days.

Color,

white

~~Married~~ Single ~~Widow~~ ~~Unmarried~~ { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number }

Cause of Death, { First (Primary),
Second (Immediate), }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

{ Undertaker,

{ Place of Business,

Balto. Cem.

July 30th

John Teufel

616 W. Balto.

Aug. F. Erich

Address 94 S. Broadway.

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 19613,

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 28 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William J. Harker

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 65 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Stock Broker

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Maryland

Duration of Residence in the City of Baltimore, 15 yrs

Place of Death, { Give street and number. } Gen Wayne Hotel

Cause of Death, { First (Primary,) Second (Immediate,) } Apoplexy

Duration of Last Sickness, sudden death

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, July 29th 1877

{ Undertaker, Jacob Weaver

{ Place of Business, No 426 Druid Hill Ave

Address, Geo. G. L. Coroner M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 19614

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sunday July 29th 1877
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Annie Sophia Weisbaum
Sex, Male or Female, { Cross out the word not required in this line. } Female
Age, _____ Months, 8 Days.
Color, White Sex, Female
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation, _____
Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City
Duration of Residence in the City of Baltimore, _____
Place of Death, { Give street and number. } 285 North Dallas Street
Cause of Death, { First (Primary,) Cholera infantum
Second (Immediate,) Exhaustion
Duration of Last Sickness, Four (4) Days
All the above information should be furnished by the Physician.
Place of Burial, St. Vincent's Cemetery
Date of Burial, July 30 1877
Undertaker, Henry Hoch Address 29 S. Sharp St.
Place of Business, 309 Central Ave

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19615

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Male or Female, { Cross out the word not required in this line.

Age,

Years,

Months,

Days.

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line.

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.)

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number.

Cause of Death, { First (Primary), Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial,

Date of Burial,

{ Undertaker,

{ Place of Business,

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 19616

OFFICE OF REGISTRAR OF VITAL STATIST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *July 28, 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Marion Cromwell*

Sex, *Male* or Female, { Cross out the word not required in this line. }

Age, *2* Years, *2* Months, *15* Days.

Color, *Colored*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, *Balden Alley No 100*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore, *Balden Alley No 100*

Place of Death, { Give street and number. } *Palena Infirmary*

Cause of Death, { First (Primary.)
Second (Immediate.) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, *Sharp St Cemetery*

Date of Burial, *July 30th 1877*

{ Undertaker, *Chas. St. Services* Address *101 N. E. 1st St.*

{ Place of Business, *211 N. E. 1st St.*

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 19617

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

Years,

Months,

Days.

Color,

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give street and number. }

Cause of Death,

{ First (Primary,)
Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

{ Undertaker,

{ Place of Business,

M. D.

Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 19618

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 29th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Frederick Bannister

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, one Years, two Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } 400 Canton Ave

Cause of Death, { First (Primary,) Second (Immediate,) } Cholera Infantum
Morbus

Duration of Last Sickness, Eight weeks.

All the above information should be furnished by the Physician

Place of Burial, Baltimore Cemetery

Date of Burial, July 30th 1884

{ Undertaker, H. M. Gilmeyer Address 1 S. Broadway

{ Place of Business, 341 Canton Ave

C. Edward Miller, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 19619.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 28 1844

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } Nathaniel Williams

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 88 Years, Months, Days.

Color, Color Sex, Male

Married, Single, Widower or Widowed, { Cross out the words not required in this line. }

Occupation, Sailor

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Hancock County Mass

Duration of Residence in the City of Baltimore, thirty years

Place of Death, { Give street and number. } No 11, Howard St

Cause of Death, { First (Primary,) Disease of the Brain
Second (Immediate,) Three Months

Duration of Last Sickness, Three Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 3 1844

{ Undertaker, J. H. Chase

{ Place of Business, 1878 Howard St Address 260 S. Center St City

M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 196211

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 28/15

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

May Eliza Lilman

Sex, Male or Female,

Cross out the word not required in this line.

Age,

19

Years,

Months,

Days.

Color,

Black

Sex,

Female

Married, Single, Widowed or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Salisbury County Md.

Duration of Residence in the City of Baltimore,

Three years

Place of Death,

Give street and number.

29 Martin Alley

Cause of Death,

First (Primary),

Second (Immediate),

Cancer of the Stomach

Duration of Last Sickness,

Five months

All the above information should be furnished by the Physician.

Place of Burial,

Land Cemetery

Date of Burial,

July 29/15

Undertaker,

William H. Linnquist

Place of Business,

62 East St

Address

134 N. High

E. C. Jordan

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 19621

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 28/77

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Edwin Cole -

Sex, Male or Female,

{ Cross out the word not required in this line. }

Male

Age,

Years,

3

Months,

8 days

Days.

Color,

ED

Sex,

Male

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth. }

Baltimore City

Duration of Residence in the City of Baltimore,

Since Birth -

Place of Death,

{ Give street and number. }

11 Morris St

Cause of Death,

{ First (Primary,)

Second (Immediate,)

Enterocolitis

Exhaustion

Duration of Last Sickness,

Four days

All the above information should be furnished by the Physician.

Place of Burial,

Land Cemetery

Date of Burial,

July 30

{ Undertaker,

William S. Longue

{ Place of Business,

62 East St

Address

University Dispensary
Green Lombard St

R. C. McDowell

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 19622

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Sex, Male ~~or Female~~,

Cross out the word not required in this line.

Age,

18

Years,

Months,

Days.

Color,

White

Sex,

Male

~~Married~~, Single, ~~Widow~~ or ~~Widower~~,

Cross out the words not required in this line.

Occupation,

Pattern Maker

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

West Va.

Duration of Residence in the City of Baltimore,

12 yrs.

Place of Death,

Give street and number.

290 N. Henry St.

Cause of Death,

First (Primary),

Second (Immediate),

Typhoid Fever

Heart Failure

Duration of Last Sickness,

2 weeks

All the above information should be furnished by the Physician.

Place of Burial,

Western Cemetery

Date of Burial,

July 30th 1877

Undertaker,

The Shen & Co

Place of Business,

330 Fayette St.

Address

274 Hollins St.

John Hood M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

19643

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

29th July

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Rufus S. Applegate

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 13 mos Years, — Months, — Days.

Color, White Sex, —

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, —

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Baltimore —

Duration of Residence in the City of Baltimore, 13 Mos —

Place of Death, { Give street and number. }

525 Franklin St

Cause of Death, { First (Primary), Second (Immediate), }

Cholera Infantum

Duration of Last Sickness,

525 W Franklin St

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, July 30th 1877

{ Undertaker, Hugh Lee
Place of Business, 350 Fayette St

Address

W. S. Searles M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 9624

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 28 1877
 Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Edwin Heinbuch
 Sex, Male or Female, { Cross out the word not required in this line. } Male
 Age, 2 Years, 8 Months, 23 Days.
 Color, White Sex, Male
 Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single
 Occupation, Infant
 Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto. City
 Duration of Residence in the City of Baltimore, All life
 Place of Death, { Give street and number. } 15 Woodman St.
 Cause of Death, { First (Primary,) Tetanus
 { Second (Immediate,) Convulsions
 Duration of Last Sickness, Four weeks
 All the above information should be furnished by the Physician.
 Place of Burial, Western Cemetery
 Date of Burial, July 30th 1877 M. D.
 { Undertaker, Chemnitz & Co. Medical Attendant
 { Place of Business, 341 Pa. ave. Address 431 Penna. Ave.
 City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Permit 196257

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 29th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

George M. Hay

Sex, Male or Female,

Cross out the word not required in this line.

Age,

47

Years,

Months,

Days.

Color,

White

Sex,

Male

Married, Single, Widow or Widower,

Cross out the word not required in this line.

Occupation,

Merchant

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore

Duration of Residence in the City of Baltimore,

Since birth

Place of Death,

Give street and number.

31 S. Gilman St.
Cerebral Softening

Cause of Death,

First (Primary),

Second (Immediate),

Duration of Last Sickness,

One month

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore cemetery

Date of Burial,

July 31st 1877

Undertaker,

A. B. Cook

Place of Business,

1017 N. Baltimore Street

Address

558 W. Fayette St.

John Neff M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 9626

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 29th 1897

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Terrenia Smith

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 4 Months, Days,

Color, White

Married, Single, Widow or Widower, { Cross out the word is not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore County

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 16246 S. Eutaw St

Cause of Death, { First (Primary) Cholera Infantum
Second (Immediate), }

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician

Place of Burial, Western Cemetery

Date of Burial, July 30th 1897

{ Undertaker, John S. Macdonald

{ Place of Business, No 150 Camden

Address Commiss of Health
& Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information of Margaret A. Richmond
McDermott

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The person who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *July 29th 1879*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Infant Stallings*

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, _____ Years, _____ Months, *10* Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *143 Ocatt St*

Duration of Residence in the City of Baltimore, *Life*

Place of Death, { Give street and number. } *143 Ocatt St*

Cause of Death, { First (Primary,) Second (Immediate,) } *Cholera Infantum*

Duration of Last Sickness, *3 days*

All the above information should be furnished by the Physician.

Place of Burial, *Leason Park Ch*

Date of Burial, *July 30th 1879*

{ Undertaker, *John Muecher* } *Geo. H. Denny* M. D. Medical Attendant.

{ Place of Business, *150 Camden St* } Address *144 Hanover St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Male or Female,

Cross out the word not required in this line.

Age,

Years,

Months,

Days.

Color,

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

Cause of Death,

First (Primary).
Second (Immediate).

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

Undertaker,

Place of Business,

Address

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 30 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sarah J. Wingate

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

Years,

9

Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

Since Birth

Place of Death, { Give street and number. }

Elizabeth Lane

Cause of Death, { First (Primary.) Second (Immediate.) }

Supposed to be Scarlet Fever
Convulsions. I did not see this

Duration of Last Sickness,

Three weeks. Was attending cases of Scarlet Fever in the same house

All the above information should be furnished by the Physician.

Place of Burial,

Mount Olivet

Date of Burial,

July 30th 1877

Therodow Bodde

M. D.

Medical Attendant.

{ Undertaker,

Charles F. Herold

{ Place of Business,

161 Hanover St.

Address

146 Hancock St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19630

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *July 29, 1917*

Full Name of Deceased, *Grace Annie Hook*

Sex, *Male or Female*, *Female*

Age, *8* Years, *10* Months, *10* Days.

Color, *White*

Married, Single, Widow or Widower, *Single*

Occupation, *Doctor, Inc.*

Birthplace, *Since birth*

Duration of Residence in the City of Baltimore, *Since birth*

Place of Death, *W. side of Biddle bet. Dallas & Bond*

Cause of Death, *Congestion of Brain*
Exhaustion

Duration of Last Sickness, *Sick from birth but overcome by heat during last night*

All the above information should be furnished by the Physician

Place of Burial, *Greenmont Cemetery*

Date of Burial, *July 31 - 1917*

Undertaker, *John J. Rodenager*

Place of Business, *Greenmont Ave*

Address, *305 S. Caroline St.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

631
OFFICE OF REGISTRAR OF VITAL STATISTICS.

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male ~~or~~ Female, { Cross out the word not required in this line. }

Age, _____ Years,

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Friends Aint Harp road

Date of Burial, July 30 - 77

{ Undertaker, John A. Rodman & Co.

{ Place of Business, Cor Greenmount and Monument St

Address, 111 Greenmount Ave.

Julius N. Hunter M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 19632

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 29th
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Rosa Siegel
Sex, Male or Female, { Cross out the word not required in this line. } Female
Age, _____ Years, _____ Months, 16 Days.
Color, white Sex, female
~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }
Occupation, none
Birthplace, { State or country (and how long in the United States, if of foreign birth. } 53 Pine
Duration of Residence in the City of Baltimore, all life
Place of Death, { Give street and number. } 53 Pine
Cause of Death, { First (Primary,) Diarrhoea
Second (Immediate,) Debility
Duration of Last Sickness, Sick from birth
All the above information should be furnished by the Physician.
Place of Burial, ~~St. Louis~~ Western Cemetery J. R. Uhler M. D.
Date of Burial, July 30th Medical Attendant.
{ Undertaker, John Tenfel Address 234 W Fayette St
{ Place of Business, N. 616 West Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

19633,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *July 29, 1877*
Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. *John Roth*
Sex, Male or Female, Cross out the word not required in this line. *Male*
Age, _____ Years, *4* Months, _____ Days.
Color, *White* Sex, _____
Married, Single, Widow or Widower, Cross out the words not required in this line.
Occupation, _____
Birthplace, State or country (and how long in the United States, if of foreign birth.) *Balt*
Duration of Residence in the City of Baltimore, _____
Place of Death, Give street and number. *Spring St. 125.*
Cause of Death, First (Primary), *Cholera Infantum*
Second (Immediate), *Convulsions*
Duration of Last Sickness, *Five Days*
All the above information should be furnished by the Physician.
Place of Burial, *Lot 5th Cemetery*
Date of Burial, *July 30th* M. D. _____
Undertaker, *M. Funk* Medical Attendant, _____
Place of Business, *No. 35 Bank St.* Address *H. E. Barroughs, Esq.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *July 29th 1877*
 Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Charles Wright*
 Sex, Male ~~Female~~, { Cross out the words not required in this line. }
 Age, *16* Years, *—* Months, *—* Days
 Color, *col d*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

Undertaker,

Place of Business,

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information *Samuel Snowden* *a friend of family*

9635

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 29 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henrietta Rusty

Sex, ~~Male~~ or Female, { Cross out the words not required in this line. }

Age, 44 Years, Months, Days

Color, coll

~~Married~~ Single, Widow or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Corroll Co Md

Duration of Residence in the City of Baltimore, 42 Years

Place of Death, { Give street and number. } 18 Warren Court

Cause of Death, { First (Primary,) Second (Immediate,) } Consumption

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 30 1877

{ Undertaker, Theo. S. Locks } Address, Commis of Health & Registrar
{ Place of Business, Leffman }

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information Enoch C. Rusty per son [OVER.]

36
The Physician who attended any person attending the burial, within twenty-four hours after death, to the Undertaker or other person, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

CERTIFICATE OF DEATH.

Date of Death, July 29 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Emma V. Miller

Sex, ~~Male~~ Female, { Cross out the words not required in this line. }

Age, 7 Years, 4 Months, 4 Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore, Balt City

Place of Death, { Give street and number. } 55 Milliman St

Cause of Death, { First (Primary), Second (Immediate), } Pneumonia

Duration of Last Sickness, 10 weeks

All the above information should be furnished by the Physician.

Place of Burial, Woodlawn Park

Date of Burial, July 30 1877

Undertaker, Fay & Bro

Place of Business, Bowdoin

James H. Stearns M.D.
Physician

Address, Cornwall of West
Register

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Sex, Male or Female,

Cross out the word not required in this line.

Age,

Years,

Months,

Days.

Color,

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

Cause of Death,

First (Primary.)

Second (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

Undertaker,

Place of Business,

Address

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 19638,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 29 1877
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ellen Hogan
Sex, Male or Female, { Cross out the word not required in this line. } Female
Age, _____ Years, 8 Months, 18 Days.
Color, White
Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single
Occupation, None
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore, City
Duration of Residence in the City of Baltimore, Life time
Place of Death, { Give street and number. } 27 Holland Street
Cause of Death, { First (Primary,) Tubercular Meningitis
Second (Immediate,) Eclampsia }
Duration of Last Sickness, 6 Days
All the above information should be furnished by the Physician.
Place of Burial, St Peter's Cemetery
Date of Burial, July 30th 1877
{ Undertaker, Henry H. Mears
Place of Business, 45 N Gay St }
Address 299 E. Pratt, St.
James E. Donnell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

9639
OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *July 29th 1877*
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Maria M. Meredith*
Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }
Age, *85* Years, Months, Days.
Color, *White* Sex, *Female*
~~Married, Single, Widow or Widower~~, { Cross out the words not required in this line. }
Occupation, *None*
Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Maryland*
Duration of Residence in the City of Baltimore, *all her life*
Place of Death, { Give street and number. } *No 64 St Paul Street*
Cause of Death, { First (Primary,) *Chronic Dyspepsia with general derangement of Digestive Organs producing Marasmus*
{ Second (Immediate,)
Duration of Last Sickness, *since Dec 1876*
All the above information should be furnished by the Physician.
Place of Burial, *Cathedral Cemetery*
Date of Burial, *July 31st 1877*
{ Undertaker, *H. B. Jenkins Son*
{ Place of Business, *16 Light St* Address *No 194 N Calvert St*
Edw D Longhury M. D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

9640

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *29th July 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Julius Ernest*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, *23* Years, *23* Months, *23* Days.

Color, *White* Sex, *Male*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Balt^a City*

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } *No. 589 N. Ave.*

Cause of Death, { First (Primary,) Second (Immediate,) } *Erysipelas*
Exhaustion

Duration of Last Sickness, *During its whole life*

All the above information should be furnished by the Physician.

Place of Burial, *Western Cemetery*

Date of Burial, *July 30 1877* *Charles J. Seiger* M. D.
Medical Attendant.

{ Undertaker, *J. D. Paulett* Address *No 257 South Hill St.*

{ Place of Business, *Mad Ave.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

19641
OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *July 30th '77*
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Henry Seitel*
Sex, Male ~~or Female~~, { Cross out the word not required in this line. }
Age, *19* Years, Months, Days.
Color, *white* Sex,
Married, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }
Occupation, *Baker*
Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Norfolk Va*
Duration of Residence in the City of Baltimore, *1 week*
Place of Death, { Give street and number. } *54 Allen St*
Cause of Death, { First (Primary,) *Suicide by*
Second (Immediate,) *strychnia*
Duration of Last Sickness, *9 hours*
All the above information should be furnished by the Physician.
Place of Burial, *Norfolk Va*
Date of Burial, *July 30 1877* *Edmund R Walker M. D.*
Medical Attendant
{ Undertaker, *Herwig & Co*
Place of Business, *386 Orleans St* Address *Coroner in P. D.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Transit 839)

1142
Who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled
to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or
Coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased,

Write legibly and spell
correctly. If an infant
not named, give names
of parents.

Sex, Male or Female, { Cross out the word not
required in this line. }

Age,

54

Years,

Months,

Days.

Color,

Colored

Married, Single, Widower or Widowed, { Cross out the words not
required in this line. }

Occupation,

Sailor

Birthplace, { State or country (and how
long in the United States,
if of foreign birth.) }

Md

Duration of Residence in the City of Baltimore,

20 yrs

Place of Death, { Give street and
number. }

218 Hanover

Cause of Death,

{ First (Primary),
Second (Immediate), }

Bright's Disease of Kidney

Duration of Last Sickness,

Two months

All the above information should be furnished by the Physician.

Place of Burial,

Laurel Cemetery

Date of Burial,

July 30

J W Webster

M. D.

Medical Attendant.

Undertaker,

Thomas Ross

Place of Business,

180 W. St

Address

57 B. St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

16431
OFFICE OF REGISTRAR OF VITAL STATISTICS.

Who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

1

Years,

7

Months,

Days.

Color,

Black

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give street and number. }

Cause of Death,

{ First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial,

Date of Burial,

{ Undertaker,

{ Place of Business,

Thornton Leitch

M. D.

Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 1961/14

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 28, 1917
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Charles F. Miller
Sex, Male or Female, { Cross out the word not required in this line. } Male
Age, 52 Years, Months, Days.
Color, White Sex, Male
Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married
Occupation, Grocer.
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Germany
Duration of Residence in the City of Baltimore,
Place of Death, { Give street and number. } No. 12 Emory St.
Cause of Death, { First (Primary,) Progressive locomotor ataxia
Second (Immediate,) one year
Duration of Last Sickness,
All the above information should be furnished by the Physician.
Place of Burial, Baltimore Cemetery
Date of Burial, July 31st
Undertaker, F. N. Trolle
Place of Business, 131 Hanover St.
Address, 203 W. Lombard
J. G. Wambler, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

6245,
OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *July 29th 1877*
 Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *William Lamarty*
 Sex, Male or Female, { Cross out the word not required in this line. } *male*
 Age, *—* Years, *6* Months, *—* Days.
 Color, *white*
 Married, Single, Widow or Widower, { Cross out the words not required in this line. } *—*
 Occupation, *child*
 Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore City*
 Duration of Residence in the City of Baltimore, *all its life*
 Place of Death, { Give street and number. } *116 N. Sterling St.*
 Cause of Death, { First (Primary,) *Cholera Infantum* Second (Immediate,) *congestion of brain* }
 Duration of Last Sickness, *1 week*
 All the above information should be furnished by the Physician.

Place of Burial, *St. Alphonsus Ch.*
 Date of Burial, *Aug 30 1877*
 { Undertaker, *Henry Doe* }
 { Place of Business, *309 N. Centre St.* }
 Address *86 E. Fayette St.*
Wm. D.
 Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. *9646*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *Sunday July 29th 1877*
 Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Melissa Parr*
 Sex, Male or Female, { Cross out the word not required in this line. } *Female*
 Age, *1* Years, *6* Months, *—* Days.
 Color, *White* Sex, *Female*
 Married, Single, Widow or Widower, { Cross out the words not required in this line. }
 Occupation,
 Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Balto City*
 Duration of Residence in the City of Baltimore, *all her life*
 Place of Death, { Give street and number. } *288 N. Canal Street*
 Cause of Death, { First (Primary), Second (Immediate) } *Cholera infantum & Pertussis Exhaustion*
 Duration of Last Sickness *Three (Three)*
All the above information should be furnished by the Physician.
 Place of Burial, *A. Cephus St*
 Date of Burial, *Aug 31 1877*
 Undertaker, *Henry Back* Address *29. S Sharp St*
 Place of Business, *309 N. Central Ave*

W. S. Elmer M. D.
 Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 19647

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

Date of Death, July 29th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Lawrence Vincent Hellmann

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 10 Years, 10 Months, 4 Days.

Color, White Sex, Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, all his life

Place of Death, { Give street and number. } 204 East Chase Street

Cause of Death, { First (Primary) Cause Syphilis: necrosis of right tibia & periosteum of all the long bones. }
{ Second (Immediate,) } Marasmus.

Duration of Last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery Dr. Edward M. D. Medical Attendant.

Date of Burial, July 30 1877

{ Undertaker, Henry Floerk Address 29 S. Sharp Street }
{ Place of Business, 309 Central Ave }

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

196178

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 29/77

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Charles Repp.

Sex, Male ~~or Female~~, { Cross out the word not required in this line. } Male

Age, 15 Years, 11 Months, 1 Days.

Color, white Sex, male

Married, Single, Widowed or Widower, { Cross out the words not required in this line. } Single

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } 20 Knox St.

Cause of Death, { First (Primary,) Coxanthrocaec, { probably articular }
Second (Immediate,) Prostration, Rheumatism.

Duration of Last Sickness, about a year.

All the above information should be furnished by the Physician.

Place of Burial, Druid Hill Park Cemetery

Date of Burial, July 31st 1877

{ Undertaker, Adam Weidemeyer } Address 77 George St.

{ Place of Business, 518 W. Baltimore St. }

H. R. Betterhoff, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

9649
OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *July 29th 1877*
Full Name of Deceased, *Augustus Schroeder*
Sex, Male or Female, *Male*
Age, *11* Years, *10* Months, *10* Days.
Color, *White*
Married, Single, Widow or Widower, *Single*
Occupation,
Birthplace, *Baltimore City*
Duration of Residence in the City of Baltimore, *Since birth*
Place of Death, *Duncan at one door below Easton*
Cause of Death, *Diarrhoea*
Exhaustion
Duration of Last Sickness, *Four (4) weeks*
All the above information should be furnished by the Physician.
Place of Burial, *Pauls Cemetery*
Date of Burial, *July 30th 1877*
Undertaker, *Henry J. Miller* M. D.
Place of Business, *112 Canton St.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

City of Baltimore, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19650

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 29th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } General Schuler

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 30 Years, 6 Months, 10 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Cigar Maker

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number. } 327 Hanover St

Cause of Death, { First (Primary) } Phthisis Pulmonalis
{ Second (Immediate) } Apnea

Duration of Last Sickness, 13 Months

All the above information should be furnished by the Physician

Place of Burial, Mount Olivet

Date of Burial, July 30th 1877

Undertaker, E. F. Krause

Place of Business, 209 Hanover St

A. W. Colburn M. D.
Medical Attendant.

Address 369 St. Louis Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

1965/

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *July 29th 1877.*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *August Wieland*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, *1* Years, *8* Months, *6* Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore*

Duration of Residence in the City of Baltimore, *since birth*

Place of Death, { Give street and number. } *152 Conway St.*

Cause of Death, { First (Primary,) Second (Immediate,) } *Cholera Infantum*

Duration of Last Sickness, *2 weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Baltimore Cemetery*

Date of Burial, *28 of July*

{ Undertaker, *B. Harle* }

{ Place of Business, *411 Light St.* }

Address *108 S. Sharp St.*

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

652
OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *July 29 1877*
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Catharine Chas Magenhofer*

Sex, ~~Male~~ Female, { Cross out the words not required in this line. }

Age, _____ Years, _____ Months, *9* Days

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore, *Life*

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness, *2 days*

All the above information should be furnished by the Physician.

Place of Burial, *Western Cemetery*

Date of Burial, *July 30 1877*

{ Undertaker, *C. F. Herald*

{ Place of Business, *Hanover St*

Address, *Commissioner of Health*

Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information from *Chas Magenhofer*
Father

Permit No. 19653

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *56* Years, Months, Days.

Color, *black* Sex, *male*

Married, Single, ~~Widow~~ or Widower, { Cross out the words not required in this line. }

Occupation, *Teacher*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Virginia (Arlington Co)*

Duration of Residence in the City of Baltimore, *5 years*

Place of Death, { Give street and number. } *87 Beaufort St*

Cause of Death, { First (Primary,) Second (Immediate,) } *Paralysis*

Duration of Last Sickness, *3 years*

All the above information should be furnished by the Physician.

Place of Burial, *Secrest Cemetery*

Date of Burial, *July 31, 1877* M. D. *W. H. H. H.*

{ Undertaker, *W. H. H. H.* Address *47 Conway St*
Place of Business, *47 Conway St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

196524

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 28, 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents }

Jas. Edward. Grooms

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age,

Years,

Four (4)

Months,

Twenty Six (26) Days.

Color,

Black

Sex,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

City of Balto

Duration of Residence in the City of Baltimore,

Since Birth

Place of Death, { Give street and number. }

21 Stockholm St

Cause of Death, { First (Primary), }

Diphtheria

{ Second (Immediate), }

Convulsions

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Laurel Cemetery

Wood Blake

M. D.

Date of Burial,

July 30 77

Medical Attendant.

{ Undertaker,

W. H. H. H. H.

Address

140 Scott St

{ Place of Business,

1888 Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

9655

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *July 27th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Mary Eliza Barker*

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *9* Months, *9* Days.

Color, *Colored* Sex, *Female*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, *Balto*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Balto*

Duration of Residence in the City of Baltimore, *9 mo*

Place of Death, { Give street and number. } *64 St Mary St*

Cause of Death, { First (Primary,) Second (Immediate,) } *Sudden death* *State per Autopsy*

Duration of Last Sickness, *State per Autopsy*

All the above information should be furnished by the Physician.

Place of Burial, *Sharp St Cemetery*

Date of Burial, *July 31 77*

{ Undertaker, *W. H. Chase* Address *231 W Biddle St*

{ Place of Business, *198 S Howard St*

R Winslow M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

656
OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *July 28 1877*
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Christina W. MacKenthun*
Sex, ~~Male~~ Female, { Cross out the words not required in this line. }
Age, _____ Years, _____ Months, *2* ~~Months~~ *Days*
Color, _____
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation, _____
Birthplace, { State or country (and how long in United States, if of foreign birth.) } *Balt. City*
Duration of Residence in the City of Baltimore, *Life*
Place of Death, { Give street and number. } *298 Hanover St*
Cause of Death, { First (Primary,) *Premature Birth*
Second (Immediate,) *Asthenia* }
Duration of Last Sickness, *Life*
All the above information should be furnished by the Physician.
Place of Burial, *Western Cemetery*
Date of Burial, *July 30 1877*
{ Undertaker, *W. MacKenthun* Address, *Commiss of Health*
Place of Business, *Registrar* } *J. A. Stenhouse M.D.*

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by L. Lohveason, Auditor [OVER]

OFFICE OF REGISTRAR OF VITAL STATISTICS

Who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *July 29th*
 Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Gertrude Ward*
 Sex, Male or Female, { Cross out the word not required in this line. } *Female*
 Age, *1* Years, *7* Months, *—* Days.
 Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *—*
 Occupation, *—*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *City —*

Duration of Residence in the City of Baltimore, *—*

Place of Death, { Give street and number. } *95 R Spring*

Cause of Death, { First (Primary,) ... } *Whooping Cough*
 { Second (Immediate,) ... } *Anaemia*

Duration of Last Sickness, *2 weeks*

All the above information should be furnished by the Physician.

Place of Burial, *St Patricks cemetery*

Date of Burial, *July 30 1877*

{ Undertaker, *James P Byrne*
 { Place of Business, *N 63 N 4th St*

J. D. Amos M. D.
 Medical Attendant.

Address *—*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *Jul. 23: 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Emma Grace Lee*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *10* Years, *10* Months, *10* Days.

Color, *White*

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore*

Duration of Residence in the City of Baltimore, *10 yrs. 10 days*

Place of Death, { Give street and number. } *379 S. Lombard St.*

Cause of Death, { First (Primary,) Second (Immediate,) } *Cholera Infantum*

Duration of Last Sickness, *9 days*

All the above information should be furnished by the Physician.

Place of Burial, *Westmore Cemetery*

Date of Burial, *31st July*

Undertaker, *George Schiller* M. D. Medical Attendant.

Place of Business, *379 S. Lombard St.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city; it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS

Who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

7th "M^o" 30th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Emma Mason.

Sex, Male or Female, { Cross out the word not required in this line. }

~~Female~~

Age,

5 Years,

~~7~~ Months,

15 Days.

Color,

Coloured.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

during Life

Place of Death, { Give street and number. }

N^o 4 Ivory Alley.

Cause of Death, { First (Primary,) Second (Immediate,) }

Tuberculosis of Lungs

Duration of Last Sickness,

7th mo.

All the above information should be furnished by the Physician.

Place of Burial, N. Cathedral

Date of Burial, July 31st 1877

Wm Riley

M. D.

Medical Attendant.

{ Undertaker, L. C. London

{ Place of Business, Park Ave

Address 47 Lexington St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 29th

Full Name of Deceased,

George Aring

Sex, Male or Female,

Male

Age,

38 - Years, 4 - Months, 15 - Days.

Color,

White

Married, Single, Widow or Widower,

Single

Occupation,

Milk Dealer

Birthplace,

Germany

Duration of Residence in the City of Baltimore,

23 years

Place of Death,

228 S. Paca st

Cause of Death,

Poisoning of Opium

Duration of Last Sickness,

18 hours

All the above information should be furnished by the Physician.

Place of Burial,

St. Alphonsus

Date of Burial,

July 31st

Undertaker,

Peter Hammer

Place of Business,

Mulberry st 317

J. L. Buddenbohn M. D.
Medical Attendant.

Address 10 C. Columbus Dr.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 7661

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

Years,

11 Months,

Days.

Color,

Sex,

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give street and number. }

Cause of Death,

{ First (Primary,)

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

Undertaker,

Place of Business,

Address

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit 662

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 30th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents }

Augustus Shaffer

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age, Four (4) Years,

Seven (7) Months,

Fifteen (15) Days.

Color, White

Sex, Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

City of Baltimore

Duration of Residence in the City of Baltimore,

Since Birth

Place of Death, { Give street and number. }

No 146 Scott St

Cause of Death, { First (Primary,)

Whooping Cough

{ Second (Immediate,)

Capillary Bronchitis

Duration of Last Sickness,

Five Weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus cemetery

Irish Place

Date of Burial, July 31st 1877

M. D.

Undertaker, A. B. Cook

Medical Attendant.

Place of Business, 1407 W. Baltimore Street

Address 1407 W. Baltimore Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

063
OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *July 28 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *William Stansberry*

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *28* Years, Months, Days.

Color, *white*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Single*

Occupation, *Car Driver*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Barroll County Md*

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } *669 Penn Ave*

Cause of Death, { First (Primary.) *Cardiac Disease* (Palves involund. caused by Rheumatism) Second (Immediate,) *Dropsy*

Duration of Last Sickness, *Confined to the house about one week in bad health a long time*

All the above information should be furnished by the Physician.

Place of Burial, *Western Corn*

Date of Burial, *Aug 30*

{ Undertaker, *[Signature]* Address *[Signature]*

{ Place of Business, *201 Penn Ave*

M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

664
OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *July 29th*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Sarah E. Brown*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, _____ Years, *5* Months, *14* Days.

Color, *Colored*

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore City*

Duration of Residence in the City of Baltimore, _____

Place of Death, { Give street and number. } *10 17 Claret Alley*

Cause of Death, { First (Primary,) Second (Immediate,) } *Cholera Infantum
Cerebral Effusion*

Duration of Last Sickness, _____

All the above information should be furnished by the Physician.

Place of Burial, *Laurel Cemetery*

Date of Burial, *July 30th*

{ Undertaker, Abraham Hayman }

{ Place of Business, 30 Rutledge St }

A. C. Bunch M. D.
Medical Attendant.

Address *151 Hanover St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *July 29th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Walter B. Lomax*

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, *4* Years, *1* Months, Days.

Color, *Colored*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore*

Duration of Residence in the City of Baltimore, *all his life*

Place of Death, { Give street and number. } *103 Orchard St.*

Cause of Death, { First (Primary,) Second (Immediate,) } *Diphtheria*
Exhaustion

Duration of Last Sickness, *2 weeks*

All the above information should be furnished by the Physician.

Date of Burial, *July 31st 1877.*

Place of Burial, *Lambert Cemetery*

Date of Burial, *Lambert Cemetery*

{ Undertaker, *Wm. A. Bishop Jr.* Place of Business, *103 South Hill an.* }

W. B. Enuffitt M. D.
Medical Attendant.

Address *60 McCulloch St.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 30th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents }

Regina Miller

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age,

Years,

3 Months,

16 Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth). }

Baltimore

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give street and number. }

76 William St.

Cause of Death, { First (Primary),
Second (Immediate), }

Spasms
6 days

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial,

St. John's Church

Date of Burial,

July 31, 1877

{ Undertaker,

Henry Hock

{ Place of Business,

309 Central Ave

Address

195 N. Eolen St

A. E. Stein

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

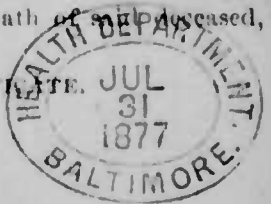
SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1667
The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, July 30 1877
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Adeline Wilson
Sex, ~~Male~~ Female, { Cross out the words not required in this line. }
Age, ————— Years, ————— Months, 8 Days
Color, white
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation,
Birthplace, { State or country (and how long in United States, if of foreign birth.) } Baltimore City
Duration of Residence in the City of Baltimore, Life
Place of Death, { Give street and number. } 14 Prepsent St
Cause of Death, { First (Primary,) Convulsions
Second (Immediate,) }
Duration of Last Sickness, 4 hours
All the above information should be furnished by the Physician.
Place of Burial, Mount Olivet
Date of Burial, July 31 1877
Undertaker, M. H. C. Perry
Place of Business, 448 W. Pratt St
Address, Commis of Health
Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Dr. J. M. Wilson

668

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *30 July*
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Joseph John*
Sex, Male or Female, { Cross out the word not required in this line. } *male*
Age, *X* Years, *X* Months, *11* Days.
Color, *white*
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation,
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore City*
Duration of Residence in the City of Baltimore,
Place of Death, { Give street and number. } *Oregon Street 60*
Cause of Death, { First (Primary,) *Want of mother's milk*
Second (Immediate,) *Weakness* }
Duration of Last Sickness, *11 days*
All the above information should be furnished by the Physician.
Place of Burial, *Mytens Cemetery*
Date of Burial, *31 July*
{ Undertaker, *J. B. Cook*
Place of Business, *12107 Baltimore & Thacker St* }
Address *224 W. Fayette St*
L. J. Reinhard M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *July 30*

Full Name of Deceased, *Wm Sommers*

Sex, Male or Female, *Male*

Age, *about six* Months, *0* Days.

Color, *White*

Married, Single, Widow or Widower, *Single*

Occupation, *None*

Birthplace, *Baltimore City*

Duration of Residence in the City of Baltimore, *None*

Place of Death, *No 283 S. Bond St*

Cause of Death, *Cholera infantum*

Duration of Last Sickness, *four weeks*

Place of Burial, *St. George's Cemetery*

Date of Burial, *July 31 1877*

Undertaker, *Leonard Perry*

Place of Business, *S. Bond St. W. 277*

Address, *12 S. Eden St*

Medical Attendant, *Dr. Kauter* M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *July 30th 1877.*

Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents. *Charles Wiegand*

Sex, ~~Male~~ or ~~Female~~, Cross out the word not required in this line.

Age, *2* Years, *1* Months, *26* Days.

Color, *White*

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, Cross out the words not required in this line.

Occupation, _____

Birthplace, State or country (and how long in the United States, if of foreign birth.) *Baltimore*

Duration of Residence in the City of Baltimore, *Lifetime*

Place of Death, Give street and number. *No 53 Arch St.*

Cause of Death, First (Primary,) Second (Immediate,) *Diphtheria*

Duration of Last Sickness, *6 days.*

All the above information should be furnished by the Physician.

Place of Burial, *Western Cemetery*

Date of Burial, *July 31st*

Undertaker, *C. Wiegand*

Place of Business, *53 Druid Hill Ave*

L. C. Horn M. D.
Medical Attendant.

Address *226. Calvary St.
for C. Wiegand*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

9671

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

Years,

Months,

Days.

Color,

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give street and number. }

Cause of Death,

{ First (Primary),
Second (Immediate). }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

{ Undertaker,

{ Place of Business,

Address

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

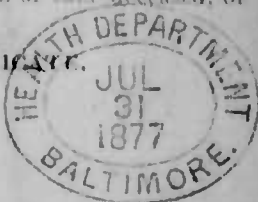
[OVER.]

9672

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *July 31st, 1877*

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. *John James Hogan*

Sex, Male or Female, Cross out the word not required in this line. *Male*

Age, *30* Years, *30* Months, *30* Days.

Color, *White*

Married, Single, Widow or Widower, Cross out the words not required in this line.

Occupation,

Birthplace, State or country (and how long in the United States, if of foreign birth.) *41 N. Castle Baltimore*

Duration of Residence in the City of Baltimore, *Life time*

Place of Death, Give street and number. *41 N. Castle*

Cause of Death, First (Primary), Second (Immediate), *Premature Birth Cholera Infantum*

Duration of Last Sickness, *Two Weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Cathedral cemetery*

Date of Burial, *August 1st*

Undertaker, *John Hesk*

Place of Business, *Canal near East*

James E. Driville M. D.
Medical Attendant.

Address *299 E. Baltimore*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

9673.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 14 Years, 6 Months, Days.

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Calverton Park

Date of Burial, 433 Cross street

{ Undertaker, F. Pohe.

{ Place of Business, 425 Cross street }

Address

M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

674
OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

July 30th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

infant of J. C. Johnson

Sex, ~~Male~~ or Female,

Cross out the word not required in this line.

Age,

Years,

Months,

2. Months

Color,

White

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

337 Hamburg St

Duration of Residence in the City of Baltimore,

Life

Place of Death,

Give street and number.

337 Hamburg St

Cause of Death,

First (Primary),
Second (Immediate).

Pneumonia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

London Park

Date of Burial,

July 31st 1877

Undertaker,

John H. Hatcher

Place of Business,

150 Camden St

Address

144 Sanow St
City

Geo. W. Benson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

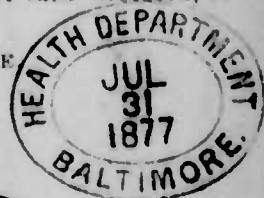
[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7675

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE



CERTIFICATE OF DEATH.

Date of Death, July 30 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Alberta Queen

Sex, ~~Male~~ Female, { Cross out the words not required in this line. }

Age, _____ Years, 1 Months, _____ Days

Color, Col

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } Hamletta Street

Cause of Death, { First (Primary.) } Chol Infantum
{ Second (Immediate.) }

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, July 31 1877 James A. Steen M.D.

{ Undertaker, Hoer Ross Address, Commissioner of Health
{ Place of Business, West St Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information Malinda Queen Mother [OVER]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *July 30th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Augustus Shinn Rose*

Sex, *Male* ~~or Female~~, { Cross out the word not required in this line. }

Age, _____ Years, _____ Months, *10* Days.

Color, *White*

~~Married, Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore*

Duration of Residence in the City of Baltimore, *life*

Place of Death, { Give street and number. } *440 Madison Ave*

Cause of Death, { First (Primary,) Second (Immediate,) } *Transition*

Duration of Last Sickness, *3 days*

All the above information should be furnished by the Physician.

Place of Burial, *Greenmount*

Date of Burial, *July 31 1877*

{ Undertaker, *Hughes & Co* Place of Business, *550 N. Tappan St.* }

C. H. Williams M. D.
Medical Attendant.

Address *201 Madison Ave*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS

The person who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

July 30th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Laura Temple

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

5 Years, 9 Months, 15 Days.

Color,

white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore, Md.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

212 Columbia St

Cause of Death, { First (Primary,) Second (Immediate,) }

Scarlet Fever
Acute Septicemia

Duration of Last Sickness,

4 weeks

All the above information should be furnished by the Physician.

Place of Burial,

Balt Cemetery

Date of Burial,

31st

Undertaker,

J. J. Wachter

Place of Business,

130 Camden St

Address

130 Camden St
City

Medical Attendant.

M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 19678

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, July 30 - 1877
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Caroline Anna Kitz
Sex, Male or Female, { Cross out the word not required in this line. } Female
Age, Years, Eleven Months, Days.
Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

No 127 S Fremont - N

Cause of Death, { First (Primary.)
Second (Immediate.) }

cholera infantum -
Common loins -

Duration of Last Sickness,

Eight days

All the above information should be furnished by the Physician.

Place of Burial,

Western Cemetery

Date of Burial,

July 31st 1877

John R. Brown M. D.
Medical Attendant.

{ Undertaker,

W. H. Howard

{ Place of Business,

35 S. E. Avenue

Address

87 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

July 30th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Truman Belt

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Seventy four Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Commission Merchant

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Prince George's Co Md

Duration of Residence in the City of Baltimore,

over 25 yrs

Place of Death, { Give street and number. }

412 Park St

Cause of Death, { First (Primary), Second (Immediate). }

Dysentery
Inanition

Duration of Last Sickness,

Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, August 1st 1877

Elias Le Price M.D.
(for Dr Shearer) Medical Attendant.

Undertaker, Jacob Weaver

Address 267 Madison St

Place of Business, Nos 4 & 6 Druid Hill Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

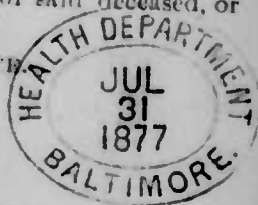
[OVER.]

Permit No. 19680

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, July 30 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Minnie Henderson

Sex, ~~Male~~ Female, { Cross out the words not required in this line. }

Age, 2 Years, Months, Days

Color, Cold

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) }

Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. }

18 Short Alley

Cause of Death, { First (Primary,) Second (Immediate,) }

Pertussis

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 31 1877

Undertaker, W. M. Dunbar

Place of Business, East St

Address, Commissioner of Health

Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by - Betie Henderson
Mother

Permit No. 19681

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

31 July 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Nettie May Knight

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

Years,

Months,

10 Days.

Color,

White

Sex,

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

29 S. Mount St.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

29 S. Mount St.

Cause of Death, { First (Primary), Second (Immediate), }

Complete desquamation of the entire cuticle from infiltration of serum beneath + the cuticle area

Duration of Last Sickness,

2 days

All the above information should be furnished by the Physician.

Place of Burial,

Western Cemetery

Date of Burial,

July 31 1877

{ Undertaker, William Donger

{ Place of Business, No 108 North Dade St

Address

274 Hollins St

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 19682

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, July 30th 1877
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary E. Holdefur
Sex, Male or Female, { Cross on the word not required in this line. } Female
Age, _____ Years, 5 Months, _____ Days.
Color, White Sex, Female
Married, Single, Widow or Widower, { Cross out the words not required in this line. } _____
Occupation, _____
Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City -
Duration of Residence in the City of Baltimore, Entire life time
Place of Death, { Give street and number. } 28 Bank St
Cause of Death, { First (Primary,) Marasmus
Second (Immediate,) Asthenia
Duration of Last Sickness, Indefinite
All the above information should be furnished by the Physician.
Place of Burial, Baltimore Cemetery
Date of Burial, August 1st 1877 D. White Catthell M. D. Medical Attendant.
{ Undertaker, Wm H. Hackmann Address 211 Broadway
{ Place of Business, 26 Bank St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 19683,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, July 30th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Louisa Gant.

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } female

Age, _____ Years, _____ Months, 11 Days.

Color, negro Sex, female

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } single

Occupation, none

Birthplace, { State or country (and how long in the United States, if of foreign birth. } 26 Katong St

Duration of Residence in the City of Baltimore, 11 days

Place of Death, { Give street and number. } 26 Katong St

Cause of Death, { First (Primary,) Premature birth
Second (Immediate,) debility

Duration of Last Sickness, since Birth

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 31 1877

Undertaker, J. H. Chase

Place of Business, 1001 98 Howard St Address 234 W Fayette St

V. L. Uhler M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

9684

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

CERTIFICATE OF DEATH.



Date of Death, 31st July 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Tucker

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, Years, 6 Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 163 Conway

Cause of Death, { First (Primary,) Cholera Infantum }
{ Second (Immediate,) }

Duration of Last Sickness, one month

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, July 31st 1877

{ Undertaker, Armstrong & Denny } Address 57 Barnum St

{ Place of Business, 263 Light St }

14 W. Webster M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

685
OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *31 July*
 Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents. *August Weilepp*
 Sex, Male or Female, Cross out the word not required in this line. *male*
 Age, *61* Years, *1* Months, *10* Days.
 Color, *white*
 Married, Single, Widow or Widower, Cross out the words not required in this line. *married*
 Occupation, *saloon keeper*
 Birthplace, State or country (and how long in the United States, if of foreign birth.) *Germany* *24 years in U. S.*
 Duration of Residence in the City of Baltimore, *24 years*
 Place of Death, Give street and number. *East Baltimore Street 19*
 Cause of Death, First (Primary), *Apoplectic fits*
Second (Immediate), *Exhaustion*
 Duration of Last Sickness, *one week*

All the above information should be furnished by the Physician.

Place of Burial, *Baltimore County*
 Date of Burial, *1 August*
 Undertaker, *James H. Barthe*
 Place of Business, *200 W. Gay St.*
 Address, *224 W. Fayette Street*
L. Reinhard M. D.
 Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 19686

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *July 30 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Ella Hinckley*

Sex, Male or Female, { Cross out the word not required in this line. } *Female*

Age, *8* Years, *17* Months, *17* Days.

Color, *White* Sex, *Infant*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, *"*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore, Md.*

Duration of Residence in the City of Baltimore, *All life*

Place of Death, { Give street and number. } *15 Woodward St.*

Cause of Death, { First (Primary,) *Diphtheria*
Second (Immediate,) *Enteritis*

Duration of Last Sickness, *Ten Days*

All the above information should be furnished by the Physician.

Place of Burial, *Western Cemetery*

Date of Burial, *July 31, 1877*

{ Undertaker, *Chenoweth & Co*
Place of Business, *341 Pratt Ave. City*

Address *431 Penna. Ave.*

M. Christian M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, July 30th 8 30 P.M.
 Full Name of Deceased, John Hoffman
 Sex, Male ~~Female~~ {Cross out the word not required in this line.}
 Age, 34 Years, 3 Months, 20 Days.
 Color, White
 Married, Single, Widow or Widower {Cross out the words not required in this line.}
 Occupation, Lecturer
 Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt.
 Duration of Residence in the City of Baltimore, During Life
 Place of Death, {Give street and number.} 29 E. Pratt St.
 Cause of Death, {First (Primary), Second (Immediate),} Sunstroke "Bird Line."
 Duration of Last Sickness, 4 hours & 30 minutes
All the above information should be furnished by the Physician.
 Place of Burial, Green Mount
 Date of Burial, Aug 1st
 Undertaker, Friedrich Goede
 Place of Business, 29 S. Caroline St.
 Address, 11 South High St.
 Medical Attendant, A. B. S. Hertzberg M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 9688

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

July 29th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Mrs. Bridget. Pace

Sex, ~~Male~~ Female,

Cross out the word not required in this line.

Age,

23

Years,

Months,

Days.

Color,

White

Sex,

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

State of New York

Duration of Residence in the City of Baltimore,

in Port Deposit, Maryland 20 years

Place of Death,

Give street and number.

Union Protestant Infirmary
Might's Disease of Throat

Cause of Death,

First (Primary),

Second (Immediate),

Duration of Last Sickness,

Three months.

All the above information should be furnished by the Physician.

Place of Burial,

Port Deposit, Md.

Date of Burial,

July 30th 1877

Undertaker,

Chas. T. Beniven

Place of Business,

271A Eutaw St

W. H. Wilson M. D.
Medical Attendant.

Address 146 Park St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit Special

[OVER.]

Permit No. 19689

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

July 30th 1877

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Francis Hall

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

Years,

10 Months,

Days.

Color,

Yellow

Sex,

Female

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth. }

Balt. City

Duration of Residence in the City of Baltimore,

Life time

Place of Death,

{ Give street and number. }

Drury Alley

Cause of Death,

{ First (Primary), }

{ Second (Immediate), }

Bad food
Cholera Infant

Duration of Last Sickness,

1 Month

All the above information should be furnished by the Physician.

Place of Burial,

Larel. Cemetery

Date of Burial,

August 30th 1877

Undertaker,

William M. Duggell

Place of Business,

No. 62. East St.

Address

341 Broadway

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *July 30th 1877*

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. *William Fink.*

Sex, Male or Female, Cross out the word not required in this line.

Age, *1* Years, *2* Months, Days.

Color, *White*

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, Cross out the words not required in this line.

Occupation,

Birthplace, State or country (and how long in the United States, if of foreign birth.) *Baltimore*

Duration of Residence in the City of Baltimore, *Lifetime.*

Place of Death, Give street and number. *No 100. Lemon St*

Cause of Death, First (Primary.) *Cholera Infantum*
Second (Immediate.) *Marasmus.*

Duration of Last Sickness, *10 weeks.*

All the above information should be furnished by the Physician.

Place of Burial, *Landon Park*

Date of Burial, *August 1st*

Undertaker, *J. P. Paulus*

Place of Business, *No 66 Frederick St*

L. C. Horn M. D.
Medical Attendant.

Address *No 226. Mulberry St*
per G. W. M.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

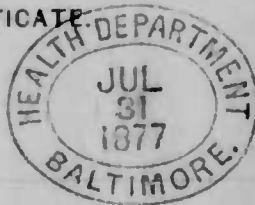
Permit No. 19691

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

July 29th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

John Hen.

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years,

4

Months,

Days.

Color,

White

Sex,

Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Balto. City.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

118. S. Chappel

Cause of Death, { First (Primary,) Second (Immediate.) }

Consumption

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

J. M. Barber.

M. D.

Date of Burial,

July 31st '77

Medical Attendant.

{ Undertaker, Michael Francis

Address

250. E Pratt. St.

{ Place of Business, No. 250 Canton St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Per

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

July 31st 1877

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

John Ackerman

Sex, Male or Female,

Cross out the word not required in this line.

Age,

65

Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Pump Maker

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Germany

Duration of Residence in the City of Baltimore,

31 yrs

Place of Death,

Give street and number.

No 8 Union Street

Cause of Death,

First (Primary,)
Second (Immediate,)

Apoplexy

sudden death

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

St Alphonsus Cemetery

Heol Ople corner

Date of Burial,

August 1st 1877

M. D.

Medical Attendant.

Undertaker,

Andrew Leitz

Address

Place of Business,

118 Druid Hill Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

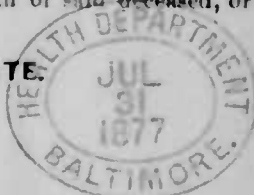
[OVER.]

Permit No. 19693,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

July 31 - 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Annie Irene Vandaneker

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, One Years, Ten Months, Six Days.

Color, White Sex, Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Baltimore Md

Duration of Residence in the City of Baltimore,

Since birth

Place of Death, { Give street and number. }

478 W. Franklin St.

Cause of Death, { First (Primary,) Second (Immediate,) }

Inflammation of the Brain
Compressions

Duration of Last Sickness,

4 days -

All the above information should be furnished by the Physician.

Place of Burial, Linden Park, C.

Date of Burial, Aug 2 - 1877

{ Undertaker, J. B. Blackiston & Co

{ Place of Business, 606 Balt St

John T. King M. D.
Medical Attendant.

Address Edmondson Ave
West of Carrollton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last-sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 79694

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

July 29th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Frank E. Moore

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age,

Years,

Months,

Days.

Color,

Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

—

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore City

Duration of Residence in the City of Baltimore,

Since Birth

Place of Death, { Give street and number. }

20 S. Durham street

Cause of Death, { First (Primary,) Second (Immediate,) }

Chronic Diphtheria
Exhaustion

Duration of Last Sickness,

Five (5) weeks

All the above information should be furnished by the Physician.

Place of Burial, Dallas st cemetery

Date of Burial, July 31. 77

Undertaker, John W. Lark

Place of Business, 543. Wolf st

Address

G. L. Lawrence M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 19695

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

July 29th
Charles Henry Herbert

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age,

One Years,

One Months,

Eight Days.

Color,

Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

88 Beach Alley

Cause of Death, { First (Primary,) Second (Immediate,) }

Gastro-Enteritis

Duration of Last Sickness,

One Month

All the above information should be furnished by the Physician.

Place of Burial,

Laurel Cemetery

Date of Burial,

Aug 31 - 1877

{ Undertaker,

{ Place of Business,

John C. Gaden
45 Conway St

Address

John Hall M. D.
Medical Attendant.
Southern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

City of Baltimore,

Permit No. 19696

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Sex, Male or Female,

Cross out the word not required in this line.

Age,

Years,

Months,

Days.

Color,

Sex,

Married, Single, Widowed or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

Cause of Death,

First (Primary),

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

Undertaker,

Place of Business,

M. D.

Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

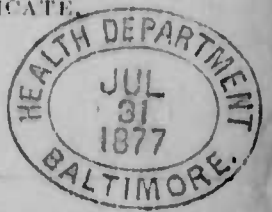
Permit No. 19697

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, July 30th 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Leathum, H. Richardson

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 56 Years, 6 Months, Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Washer Woman

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Newburn North Carolina

Duration of Residence in the City of Baltimore, Three years

Place of Death, { Give street and number. } 192 North Bethel St

Cause of Death, { First (Primary,) Second (Immediate,) } Apoplexy

Duration of Last Sickness, First attack 3 weeks, last 1 day

All the above information should be furnished by the Physician.

Place of Burial, Arbury Cemetery

Date of Burial, July 31 1877

{ Undertaker, William V. Denzue

{ Place of Business, No 62 East Street

E. Geo. Waller

M. D.

Medical Attendant.

Address 179 E. Monument

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 19698

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

July 31st 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Katie Wagner

Sex, Male or Female,

Cross out the word not required in this line.

Female

Age,

2

Years,

9

Months,

Days.

Color,

White

Sex,

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace, State or country (and how long in the United States, if of foreign birth.)

Baltimore

Duration of Residence in the City of Baltimore,

Lifetime

Place of Death, Give street and number.

72 S. Chester St.
Scrofula

Cause of Death,

First (Primary),

Second (Immediate),

Duration of Last Sickness,

About 2 Years

All the above information should be furnished by the Physician.

Place of Burial,

Green Mt Cemetery C.P. Evans

M. D.

Date of Burial,

August 1st 1877

Medical Attendant.

Undertaker,

Hughes & Co

Address

406 E. Balto. St.

Place of Business,

65 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

{OVER.

Permit No. 19699

OFFICE OF REGISTRAR



The Physician who attended any person in a last illness is responsible for the presentation of this certificate, to the undertaker or other person superintending the burial, within twenty-four hours after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Sex, Male or Female,

Cross out the word not required in this line.

Age,

0 Years,

18 Months,

20 Days.

Color,

Sex,

male

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

Cause of Death,

First (Primary),

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

Undertaker,

Place of Business,

Mount Carmel

1 of August

John Hervey

386 Calverton St.

245 Gough St
Cholera infantum
Convulsion
(8 days)

Attorney

M. D.

Medical Attendant.

Address

137 N. Fayette St

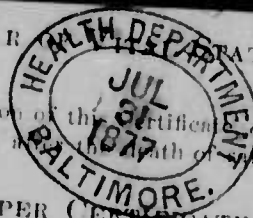
Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 19700

OFFICE OF REGISTRAR



The Physician who attended any person in a last illness is responsible for the presentation of this certificate accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours of the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 30th 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

John Vogt

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age,

38

Years,

2

Months,

29

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Married

Occupation,

Shoemaker

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Germany

Duration of Residence in the City of Baltimore,

21 years

Place of Death, { Give street and number. }

135 West

Cause of Death, { First (Primary) Second (Immediate) }

Apoplexy

Duration of Last Sickness,

one day.

All the above information should be furnished by the Physician.

Place of Burial,

St. Anthonies Cemetery

Date of Burial,

Aug 1st

Undertaker,

J. E. Hampton

M. D.

Medical Attendant.

Place of Business,

411 Light St

Address

321 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 19701

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

July 31st 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Helen V. Lusby

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Female

Age,

Years, Three

Months, Twenty Seven Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore, Md

Duration of Residence in the City of Baltimore,

Since Birth

Place of Death, { Give street and number. }

S. W. Cor. Collington and Lombard St

Cause of Death, { First (Primary,) Second (Immediate,) }

Cholera Infantum
Convulsions

Duration of Last Sickness,

Seven days

All the above information should be furnished by the Physician.

Place of Burial,

Greenmount Cemetery

Date of Burial,

Aug. 1st 1877

Undertaker,

W. H. Daigze

Place of Business,

404 S. Broadway

H. Henderson, M. D.
Medical Attendant.

Address No. 102 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

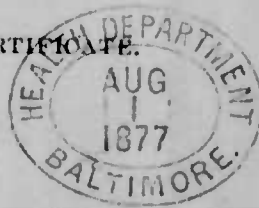
Permit No. 1702

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

July 31st - 1877Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }Frances Baumgartner.Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }FemaleAge, eight Years,one Months,24 Days.Color, white~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }90 E. Pratt St.
Spotted Fever.Cause of Death, { First (Primary),
Second (Immediate.) }

Duration of Last Sickness,

24 hours.All the above information should be furnished by the Physician.

Place of Burial,

Lloyd St. Cemetery

Date of Burial,

Aug. 1stAbraham B. Arnold

M. D.

Medical Attendant.{ Undertaker, W. J. Smith{ Place of Business, No. 35 Bank St.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 19703,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

August 1st 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

August Small

Sex, Male or Female,

Cross on the word not required in this line.

Male

Age,

Thirty two (32) Years,

Seven (7) Months,

Two (2) Days.

Color,

White

Sex,

Male

Married, Single, Widowed or Widower,

Cross out the words not required in this line.

Married

Occupation,

Merchant Taylor

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Germany

Duration of Residence in the City of Baltimore,

Five (5) Years

Place of Death,

Give street and number.

No 206 Columbia Ave

Cause of Death,

First (Primary),

Second (Immediate),

Scarlatina, Maligna.

Duration of Last Sickness,

Five (5) Days

All the above information should be furnished by the Physician.

Place of Burial,

Sweet Home

Date of Burial,

2nd of August

Irvin D. Blake

M. D.

Medical Attendant.

Undertaker,

Andrieux & Co 206 Columbia

Place of Business,

206 Columbia

Address

140 Scott St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 19704

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, July 31. 1877 ~~21st Sept~~
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Charles J Pettit
Sex, Male or Female, { Cross out the word not required in this line. } X
Age, Years, 8 Months, 21 Days.
Color, White Sex, X
Married, Single, Widow or Widower, { Cross out the words not required in this line. } X
Occupation, X
Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore
Duration of Residence in the City of Baltimore, always
Place of Death, { Give street and number. } 211 Scott St
Cause of Death, { First (Primary,) Cholera Infantum
{ Second (Immediate,)
Duration of Last Sickness, 5 days
All the above information should be furnished by the Physician.
Place of Burial, Elkridge Landing
Date of Burial, August 1st 1877
{ Undertaker, J. L. Lounsbury & Sons
{ Place of Business, 508 W. Baltimore St Address 508 Sharp St
W. C. Knowles M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

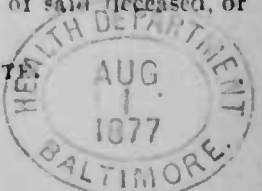
[OVER.]

Permit No. 19705

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, July 30 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Rachel Mackel

Sex, ~~Male~~ Female, { Cross out the words not required in this line. }

Age, Years, 4 Months, Days

Color, Red

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary.) Second (Immediate.) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, N. Pub. Cemetery

Date of Burial, Aug 1 1877

Undertaker, W. H. C. Perry

Place of Business, Pratt St

James A. Stearns, M. D.

Address, Commis of Health
of Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information Margaret Mackel Mother

Permit No. 19706

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

July 31 1877

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Mary Ann Carter

Sex, ~~Male~~ or Female,

Cross out the words not required in this line.

Age,

Years,

1

Months,

5

Days

Color,

Col

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace, State or country (and how long in United States, if of foreign birth.)

Baltimore, City

Duration of Residence in the City of Baltimore,

Life

Place of Death, Give street and number.

Chestnut Street

Cause of Death,

First (Primary),
Second (Immediate).

Cold
Chol Infantum

Duration of Last Sickness,

2 days

All the above information should be furnished by the Physician.

Place of Burial,

St. Vincent's Church

Date of Burial,

Aug 1 1877

Undertaker,

W. H. Dungey

Address,

Gen of Health

Place of Business,

East St

W. H. Dungey

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Billy Nicholas a friend of family

Permit No. *1107*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

July 31st 1877

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Barbara Kristel

Sex, Male or Female,

{ Cross out the word not required in this line. }

female

Age,

66 Years,

Months,

Days.

Color,

white

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

widow

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Germany

Duration of Residence in the City of Baltimore,

4 years

Place of Death,

{ Give street and number. }

10 S. Madison St.

Cause of Death,

{ First (Primary,) }

Old age

{ Second (Immediate,) }

Diarrhea

Duration of Last Sickness,

3 days.

All the above information should be furnished by the Physician.

Place of Burial,

St. Alphonsus Cem.

Date of Burial,

Aug. 2nd 77

{ Undertaker,

Michael France

{ Place of Business,

10250 Canton Ave

Address

27 N. Broadway

J. L. Pouch, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

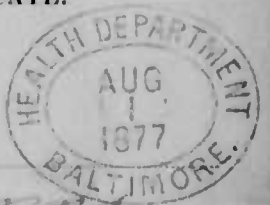
Permit No. 19708

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 15 Months, Days.

Color, African

Married, Single, Widowed or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary), Improper alimentation & typhoid, Second (Immediate), Cholera infantum }

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 1

{ Undertaker, William A. Dwyer
Place of Business, 10 Stockton Alley }

R. B. Ellis M. D.
Medical Attendant.

Address, W. Cor. Fayette & Schaefer

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. *19709*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *31 July*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Roselle Mushape*

Sex, Male or Female, { Cross out the word not required in this line. } *female*

Age, *1* Years, *5* Months, *3* Days.

Color, *white*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore City*

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } *W. Pratt St. 273*

Cause of Death, { First (Primary.) Second (Immediate.) } *Summer complaint*
Weakening

Duration of Last Sickness, *8 weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Balt. Cemetery*

Date of Burial, *2 August*

{ Undertaker, *Philip Seewald*
{ Place of Business, *S. E. Taw St*

L. F. Pinkham M. D.
Medical Attendant.

Address *224 W Fayette St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 19710

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, July 31 1877
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Horatia Grey Cressick
Sex, Male or Female { Cross out the words not required in this line. } (Female)
Age, 2 Years, — Months, 2 Days
Color, —
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation, —
Birthplace, { State or country (and how long in United States, if of foreign birth.) } Balto City
Duration of Residence in the City of Baltimore, 1 yr
Place of Death, { Give street and number. } 30 New Church St
Cause of Death, { First (Primary.) Premature Birth (8 mos)
{ Second (Immediate.) Asthenia
Duration of Last Sickness, 1 hr
All the above information should be furnished by the Physician.
Place of Burial, St. Alphonsus
Date of Burial, Aug 1 1877
Undertaker, C. Kunkel
Place of Business, 60 Park Ave
Address, Com of Health & Registrar
James A. Stewart, M.D.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death except in cases of births and deaths of illegitimate children.

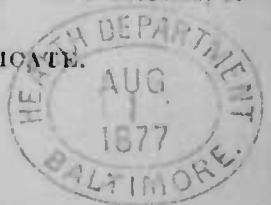
Information by Jane Humberger midwife [o. n.]

Permit No. 19711

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, July 31 1897

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Otto F. J. Randler

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 2 Years, 0 Months, — Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } —

Occupation, —

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } city

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number. } 15 Madison St.

Cause of Death, { First (Primary), Second (Immediate), } Cholera Infantum

Duration of Last Sickness, Three weeks.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, August 1 1897 Abraham B. Accord M. D. Medical Attendant.

{ Undertaker, Wm. H. Huckmann Address —

{ Place of Business, 26 Bank St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 19712

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

July 31st 77

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Anna S. H. H.

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age,

Years,

3

Months,

6

Days.

Color,

White

Sex,

Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Baltimore City

Duration of Residence in the City of Baltimore,

Since Birth

Place of Death, { Give street and number. }

132 Pine St

Cause of Death, { First (Primary,) Second (Immediate,) }

Laryngitis

Duration of Last Sickness,

Since Birth

All the above information should be furnished by the Physician.

Place of Burial,

New Capital Cemetery

Date of Burial,

2 August

M. D.

Medical Attendant.

{ Undertaker,

Bearman & Harle

{ Place of Business,

477 Light St.

Address

205 N. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

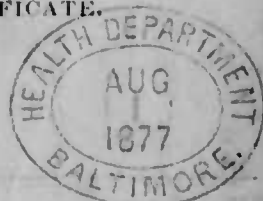
Permit No. 19713,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, July 30th 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lilly Tabb.

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, One Years, Five Months, Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore. Md.

Duration of Residence in the City of Baltimore, All life

Place of Death, { Give street and number. }

No 18 Little Pine St. Baltimore. Md.

Cause of Death, { First (Primary.) Second (Immediate.) }

Concussion of the Brain.

Convulsions

Duration of Last Sickness,

7 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 1st 1877

{ Undertaker, Wm. H. Bishop Jr.

{ Place of Business, 103 South Hill Ave.

Hammer & Fox M. D.
Medical Attendant.

Address S. E. Cor. Greene & Mulberry Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

City of Baltimore,
Permit No. 19714

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

July 31st 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Anna Hellegiest

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Female

Age, 3 Years, 3 Months, 29 Days.

Color, White

~~Married, Single, Widower, or Widow,~~ { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore City

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give street and number. }

No 67 Elliott St. Cor Patuxent St

Cause of Death, { First (Primary,) Second (Immediate,) }

Scarlet Fever
Albuminuria

Duration of Last Sickness,

Three weeks

All the above information should be furnished by the Physician.

Place of Burial, August 1st 1877

Date of Burial, Baltimore Cemetery

{ Undertaker, H. Froehlich }

{ Place of Business, 246 Eastern Ave. }

Thomas J. Evans, M. D.
Medical Attendant.

Address No 18 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

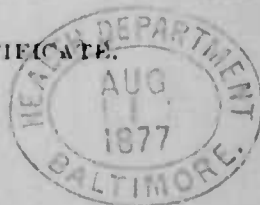
Permit No. 197157

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

Years,

Months,

Days.

Color,

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give street and number. }

Cause of Death,

{ First (Primary), }

{ Second (Immediate), }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

{ Undertaker,

{ Place of Business,

E. J. Williams

M. D.

Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 19716

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Sex, Male or Female,

Cross out the word not required in this line.

Age,

Years,

11

Months,

Days.

Color,

Sex,

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Duration of Residence in the City of Baltimore,

Place of Death, Give street and number.

Cause of Death,

First (Primary,)

Second (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

Undertaker,

Place of Business,

M. D.

Medical Attendant.

Address

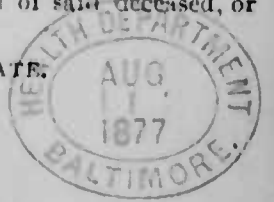
Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Color, *white*

Married, Single, Widow or Widower. { Cross out the words not
required in this line. }

Occupation, 31501

Birthplace, { State or country (and how long in United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and
number. } 473. Wolf St.

(First (Primary.) *Premature Birth - 16 1/2 mo*

Cause of Death, }
Second (Unavoidable) } *Asphyxia* } *1900*

(Second (immediate), *Ag. Nevada*)

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial. *St. Michael's Ch. A*

Date of Birth: April 3 1877 James A. Leonard v.d.

Date of Burial, May 12 1871 1871 M.D.

Undertaker, *Wendel Dwyer* Address, *Comm. of Health*

Place of Business, Bond St

Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial a Certificate setting forth

far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of death by violence, in which the date of death is not required.

Information by Gerhard Miller, OVER

Midwife

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 197181

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

July 31, 1877

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Mary Rice

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

57 Years,

Months,

Days.

Color,

Sex,

Married, Single, Widowed or Widower,

{ Cross out the words not required in this line. }

Occupation,

Housekeeper

Birthplace,

{ State or country (and how long in the United States, if of foreign birth. }

Germany

Duration of Residence in the City of Baltimore,

40 Years

Place of Death,

{ Give street and number. }

North St No 2.

Cause of Death,

{ First (Primary,) Second (Immediate,)

Dropsy General

Duration of Last Sickness,

Three Months

All the above information should be furnished by the Physician.

Place of Burial,

St. Stephens Cemetery

Date of Burial,

August 2, 1877.

M. D.

Medical Attendant.

{ Undertaker,

George Saffran

Address

175 N. Carey St

{ Place of Business,

175 N. Carey St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 19719.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

July 31 1877

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Ida Nellian

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Age,

9 Years,

Months,

Days.

Color,

Black

Married, Single, ~~Widow~~ or ~~Widower~~,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Baths

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give street and number. }

124 N. Durham St

Cause of Death,

{ First (Primary,) Second (Immediate,) }

Diphtheria

Duration of Last Sickness,

Six days

All the above information should be furnished by the Physician.

Place of Burial,

~~Baths St Cem~~

Date of Burial,

Aug 2 1877

{ Undertaker,

John N. Locks

{ Place of Business,

Wolfe St

Address

137 Blaine St

J. J. Gump M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 19720

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 1st 1897.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Hermann Werner Reier

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 19 Years, 8 Months, 6 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Blacksmith

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Germany

Duration of Residence in the City of Baltimore, 8 years.

Place of Death, { Give street and number. } 110 West L.

Cause of Death, { First (Primary,) Sphero fever
Second (Immediate,) 10 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Apollonia's Cemetery

Date of Burial, August 2nd

{ Undertaker, B. Tharle Address 100 S. Sharp St.,

{ Place of Business, 411 Light Street

Medical Attendant. M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 19721,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Aug 1st 77

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Sarah Augusta Wood

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

Years,

1

Months,

16

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Old

Duration of Residence in the City of Baltimore,

Lifelong

Place of Death,

{ Give street and number. }

18 Keighron St.

Cause of Death,

{ First (Primary),
Second (Immediate). }

Cholera Infantum
4 days

Duration of Last Sickness,

All the above information should be furnished to the Physician.

Place of Burial,

St Peters Cemt

Date of Burial,

August 2 - 1877

Undertaker,

John L. Rodenmayr

Place of Business,

Cor. Greenmont Ave
& Monmouth St

Jos Brooke Byrnes M.D.
Medical Attendant.

Address

166 E. Eager St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19722

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 1 Years, 20 Months, 21 Days.

Color, White Sex, Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery M. D.

Date of Burial, August 2, 1877 Medical Attendant.

{ Undertaker, P. Hummel Address 121 Pearl St Baltimore }
{ Place of Business, Mulberry St }

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 19723,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Aug 1. 1877

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Autone G. Fillingew

Sex, Male or Female,

Cross out the word not required in this line.

Male

Age,

8

Years,

2

Months,

15

Days.

Color,

white

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore City

Duration of Residence in the City of Baltimore,

life

Place of Death,

Give street and number.

210 Druid Hill Avenue

Cause of Death,

First (Primary.)

Diphtheria

Second (Immediate.)

Asthenia

Duration of Last Sickness,

9 days

All the above information should be furnished by the Physician.

Place of Burial,

St. Peter's Cemetery

Date of Burial,

August 2, 1877

Undertaker,

W. A. Dwyer

Place of Business,

740 S. Bond

Marbury Brewer

M. D.

Medical Attendant.

Address 210 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19724

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 31st 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Annie Ray

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, Years, 22 Months, Days.

Color, Colored

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto city

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 138 Liden Alley

Cause of Death, { First (Primary,) Cholera Infantum
Second (Immediate,) About 3 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, ~~Shank~~ Cemetery

Date of Burial, Aug 1 1877

Undertaker, J. H. Chase

Place of Business, 80 1/2 Howard St Address 143 Mulberry St

J. Darling M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 19725

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *separately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

July 29, 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Lavinia Payne

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Age,

3

Years,

Months,

Days.

Color,

Colored

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Balto.

Duration of Residence in the City of Baltimore,

During life

Place of Death,

{ Give street and number. }

220 Henrietta St.

Cause of Death,

{ First (Primary),
Second (Immediate.) }

Cholera Infantum

Duration of Last Sickness,

3 weeks

All the above information should be furnished by the Physician.

Place of Burial,

Laurel Cemetery

Date of Burial,

Aug 1 1877

R. M. Hall

M. D.

Medical Attendant.

Undertaker,

J. B. Chase

Place of Business,

80 1/2 Howard St.

Address

262 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 19726

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

August 1 1877 = Thomas

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

John Patterson Thomas

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

Years,

Months,

49

Days.

Color,

W

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Single

Occupation,

W

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

W. 310 Carrollton Ave

Duration of Residence in the City of Baltimore,

7

years

Place of Death,

{ Give street and number. }

W. 310 Carrollton Ave

Cause of Death,

{ First (Primary,) }

{ Second (Immediate,) }

W. 310 Carrollton Ave

Duration of Last Sickness,

7 weeks

All the above information should be furnished by the Physician.

Place of Burial,

Green Mount

Date of Burial,

Aug 2nd 1877

J. H. Patterson

M. D.

Medical Attendant.

{ Undertaker,

J. S. Lane

{ Place of Business,

568 W. Balto

Address

21 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

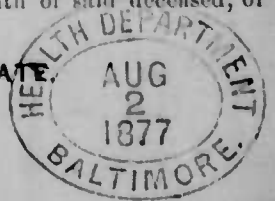
City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19727

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, Aug 1 - 1877 3 am

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Annie P. Miller

Sex, Male or Female, { Cross out the word not required in this line. } female

Age, Years, 8 Months, Days.

Color, white Sex, female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } city

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 100 N Washington St

Cause of Death, { First (Primary,) Cholera Infantum }
 { Second (Immediate,) marasmus }

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Mt C B G Child Road

Date of Burial, Aug 2/77

{ Undertaker, Fry & Bro }
 { Place of Business, 54 N Broadway } Address

Medical Attendant, J. J. Smith M. D. 189 aigneth - St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 19728

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, August 1 - 1877

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. William Eschbach

Sex, Male or Female, Cross out the word not required in this line. Male

Age, _____ Years, Fifteen Months, _____ Days.

Color, _____ Sex, Male

Married, Single, Widow or Widower, Cross out the words not required in this line.

Occupation, _____

Birthplace, State or country (and how long in the United States, if of foreign birth.) Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, Give street and number. 10 Addison Alley

Cause of Death, First (Primary,) Meningitis (Tubercular)
Second (Immediate,) Exhaustion

Duration of Last Sickness, about two weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, August 2 1877

Undertaker, John P. Paulus Address 91 Frederick Ave

Place of Business, 66 Frederick Ave 290 Madison Ave

C. C. McDowell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

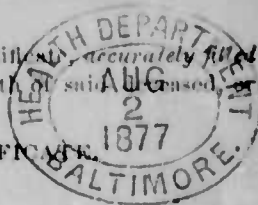
Permit No.

19729

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 86 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary.) Second (Immediate.) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 3rd 1877

Undertaker, Charles A. Herold Address

Place of Business, 161 Homan St

H. B. Cottle M. D.
Medical Attendant.

17 Homan St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 19730.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *August 1st* 187*7*
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Oskar A. Royer*
Sex, Male ~~or Female~~, { Cross out the word not required in this line. }
Age, *One* Years, *3* Months, Days.
Color, *Colored* Sex, *Male*
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation,
Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore City*
Duration of Residence in the City of Baltimore,
Place of Death, { Give street and number. } *61 Pine St*
Cause of Death, { First (Primary,) *Cholera Infantum*
Second (Immediate,) *Inflammation Bowels*
Duration of Last Sickness, *2 months*
All the above information should be furnished by the Physician.
Place of Burial, *Lamb Cemetery* *Geo G Brewer* M. D.
Date of Burial, *August 2nd 1877* Medical Attendant.
{ Undertaker, *Wm H. Simpson* Address *258 W Fayette St*
{ Place of Business, *97 Grand Hill Ave.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

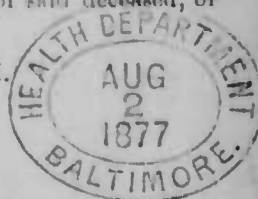
City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19731.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, Aug 1st 3-am

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Daisy Lowry

Sex, Male or Female, { Cross out the word not required in this line. } female

Age, 20 Years, Months, Days.

Color, Col. Sex,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 14 Prospect Lane

Cause of Death, { First (Primary,) Abcesses. Second (Immediate,) Convulsions

Duration of Last Sickness, From birth

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug. 2nd 1877.

{ Undertaker, Wm H Bishop Jr. Address 189 Argemont St -

{ Place of Business, 97 Ormiston Hill Ave.

M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

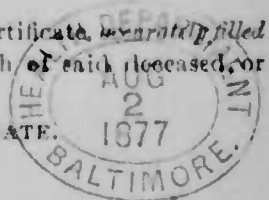
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19732

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ^{separately filled out,} to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of each deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

Aug 1 1877

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents.

Charles Montell

Sex, Male ~~Female~~,

{ Cross out the words not required in this line.

Age,

Years,

11 Months,

Days

Color,

white

Married, Single, Widow or Widower,

{ Cross out the words not required in this line.

Occupation,

Birthplace,

{ State or country (and how long in United States, if of foreign birth.)

Baltimore City

Duration of Residence in the City of Baltimore,

Life

Place of Death,

{ Give street and number.

131 Welcome Alley

Cause of Death,

{ First (Primary,

Scutcheon

Second (Immediate,

Diarrhoea

Duration of Last Sickness,

one week

All the above information should be furnished by the Physician.

Place of Burial,

Western Cemetery

Date of Burial,

Aug 2 1877

James S. Stearns M. D.

Undertaker,

W. L. Tickner

Place of Business,

C. S. S. Eulau

Address,

Commiss of Health
H. Meyers

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

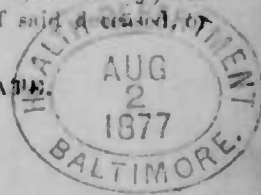
Information by W. L. Tickner undertaker

Permit No. 19733

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, August 1. 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Lotta Payne

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 2 Years, 3 Months, Days.

Color, Black.

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore, Baltimore City Two years, three months

Place of Death, { Give street and number. } # 49 Church St.

Cause of Death, { First (Primary,) Dehydration. Second (Immediate,) Convulsions

Duration of Last Sickness, Two weeks.

All the above information should be furnished by the Physician.

Place of Burial, ~~Harlem Cemetery~~

Date of Burial, Aug 12

{ Undertaker, Hercules Bors

{ Place of Business, 180 West St

M. L. Mitchell M. D.
Medical Attendant.

Address Residence, 137 Montgomery St
Office - Cor Clark and Bannock St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE



Aug. 1st 1877-

Full Name of Deceased, { Write legibly and spell
correctly. If an infant
not named, give names
of parents. }

Sex, ~~Male or~~ Female, { Cross out the word not
required in this line.

Age, 27 Years, Months, Days.

Color, *White*

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not
required in this line.

Occupation,

Birthplace, { State or country (and how
long in the United States,
if of foreign birth.) }

Duration of Residence in the City of Baltimore.

Place of Death, { Give street and }
 { number. }

Cause of Death, { First (Primary,)
Second (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial,

Date of Burial,

(Undertaker,

(*Place of Business.*

Address _____

M. D.

Medical Attendant

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician, who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

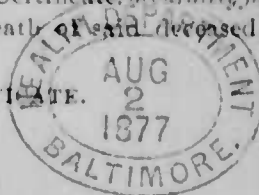
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 197357

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *Aug 1st 1877*
 Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents. *Sebastian Praline*
 Sex, *Male* ~~Female~~ { Cross out the words not required in this line. }
 Age, *11* Years, *11* Months, *—* Days
 Color, *—*
 Married, Single, Widow or Widower, { Cross out the words not required in this line. }
 Occupation, *—*
 Birthplace, { State or country (and how long in United States, if of foreign birth.) } *Balt City*
 Duration of Residence in the City of Baltimore, *Life*
 Place of Death, { Give street and number. } *Bel Air Ave*
 Cause of Death, { First (Primary,) Second (Immediate,) } *Contusion*
chol Infantum
 Duration of Last Sickness, *3 weeks*

All the above information should be furnished by the Physician.

Place of Burial, *St. Alphonsus*
 Date of Burial, *Aug 2nd 1877*
 Undertaker, *H. Hock*
 Place of Business, *Central av*
 Address, *Commis of Health & Registrar*
James H. Stewart M.D.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

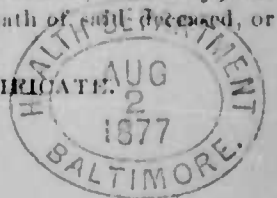
Information H. Hock Undertaker

Permit No. 19736

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

Aug 1st 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Pamelia Hubbel

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 87 Years,

Months,

Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Widow

Occupation, none

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore County

Duration of Residence in the City of Baltimore, —

Lifes

Place of Death, { Give street and number. }

Aged Women's Home, Lexington, Md.

Cause of Death, { First (Primary.) Second (Immediate.) }

Old age

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, Aug. 2nd 1877

{ Undertaker Henry H. Jenkins and Place of Business, 16 Light st. }

M. D. Registrar

Medical Attendant.

Address 311 E. Fayette St. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

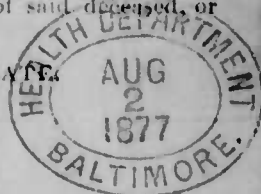
[OVER.]

Permit No. 19737

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

August 1st.

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

John R. Weibrecht

Sex, Male or Female,

Cross out the word not required in this line.

Male

Age,

Years,

9

Months,

11

Days.

Color,

White

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

89 Ridgely st.

Cause of Death,

First (Primary),
Second (Immediate.)

Meningitis
Spasm

Duration of Last Sickness,

14 Days

All the above information should be furnished by the Physician.

Place of Burial,

Western Cemetery

Date of Burial,

August 2nd

Undertaker,

F. W. Tull

Place of Business,

101 Hanover St.

C. L. Buddenbom M. D.

Medical Attendant.

Address

106 Columbia St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

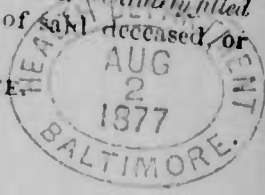
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19738

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ^{promptly filled} out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of ^{said deceased, or} sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *August 1st 1877*
 Full Name of Deceased, *Julius Will*
Write legibly and spell correctly. If an Infant not named, give names of parents.
 Sex, *Male* ~~or Female~~ Cross out the words not required in this line.
 Age, _____ Years, _____ Months, _____ Days

Color, _____
 Married, Single, Widow or Widower, Cross out the words not required in this line.
 Occupation, _____

Birthplace, State or country (and how long in United States, if of foreign birth.) *Baltimore City*
 Duration of Residence in the City of Baltimore, *Life*
 Place of Death, Give street and number. *342 Canton ave*

Cause of Death, First (Primary), Second (Immediate), *Convulsion*
 Duration of Last Sickness, *one week*
All the above information should be furnished by the Physician.

Place of Burial, *Trinity Church*
 Date of Burial, *Aug 2nd 1877*
 Undertaker, *H. Bein*
 Place of Business, *218 Alice's* Address, *Commissioner of Health*
Magistrate

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information Henry Bein Undertaker

Board of Health, City of Baltimore,

Permit No. *19739*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

August 1st 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Philip Hahn

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age, *75* Years,

9

Months,

17

Days.

Color, *White*

Sex,

Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Married

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Montgomery Co Penna.

Duration of Residence in the City of Baltimore,

3 weeks

Place of Death, { Give street and number. }

346 Lexington St

Cause of Death, { First (Primary), Second (Immediate), }

(Cereb. Kid.) Paralysis Hemiplegia (Brain Lesion) 3 weeks, (attack 18 hours)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, *Christown Penna*

Date of Burial, *August 4th 1877*

J. A. Pillier M. D.
Medical Attendant.

{ Undertaker, *Jas. Long & Sons*

{ Place of Business, *558 10th St* Address *150 N. Eutaw St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(Transit 8411)

[OVER.]

Permit No. 197140

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 18 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Henry A. Robinson

~~Sex~~ Male or Female, { Cross out the word not required in this line. }

Age, 53 Years, 8 Months, Days.

Color, White

Sex,

Married, Single, Widowed, { Cross out the words not required in this line. }

Occupation, Printer

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give street and number. } No 35 Jackson St

Cause of Death, { First (Primary,) Phthisis
Second (Immediate,) }

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Aug 2nd

Samuel B. Powell M. D.
Medical Attendant

{ Undertaker, Geo Schilling

{ Place of Business, Ashland Square

Address No 29 Asquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 1774-1,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 29 " 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Ellen + George Garrett

Sex, ~~Male~~ Female, { Cross out the words not required in this line. } (Seven) (Parents)

Age, _____ Years, _____ Months, 18 1/2 Days

Color, Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Balto City

Duration of Residence in the City of Baltimore, _____

Place of Death, { Give street and number. } 21 Arch St

Cause of Death, { First (Primary), Second (Immediate), } Convulsions

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 2 '77 James A. Stenard M. D.

{ Undertaker, S. W. Chase Address, Cor of Health & Eutan St } { Place of Business, _____ } { Registrar _____ }

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information of Sarah Ann Heber midwife

Physicians is respectfully invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 19742

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 1st 1877

Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents. Ellen & George Garrett

Sex, ~~Male~~ Female, Cross out the words not required in this line. (Twin) (Parents)

Age, Years, Months, 22 Days

Color, Black

Married, Single, Widow or Widower, Cross out the words not required in this line.

Occupation,

Birthplace, State or country (and how long in United States, if of foreign birth.) Balt City

Duration of Residence in the City of Baltimore, Life

Place of Death, Give street and number. 21 Arch St

Cause of Death, First (Primary), Cervical scrois
Second (Immediate), one day

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 2nd 1877

Undertaker, S. M. Chase Address, Corn of Health

Place of Business, Eden St Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information of Sarah Ann Hebrew (OVER) Midwife

Board of Health, City of Baltimore,

Permit No. 19743,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Aug 1st 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

George Ruter

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age, 1 Years, 8 Months, Days.

Color, White

Sex,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Baltimore city

Duration of Residence in the City of Baltimore,

Lifetime

Place of Death, { Give street and number. }

No. 89 N. Castle St.

Cause of Death, { First (Primary), Second (Immediate), }

Scarred

Duration of Last Sickness,

about 8 weeks

All the above information should be furnished by the Physician.

Place of Burial, August 2d

Date of Burial, St. Alphonsus

C. P. Evans

M. D.

Medical Attendant.

Undertaker, M. Thunk

Place of Business, 35 Bank St. Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

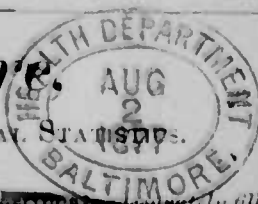
SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Physicians is respectfully invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.



Permit No. 19744

The Physician who attended
out, to the Undertaker or other person
sooner, if requested so to do, and

NO PERMIT FOR BURIAL CAN BE OBTAINED

CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

August 1st 1877

Full Name of Deceased,

Write legibly and spell
correctly. If an Infant
not named, give names
of parents.

Robert May Caldwell

Sex, ~~Male~~ or Female,

Cross out the words not
required in this line.

Age,

Years,

5

Months,

10

Days

Color,

Married, Single, Widow or Widower,

Cross out the words not
required in this line.

Occupation,

Birthplace,

State or country (and how
long in United States, if
of foreign birth.)

Baltimore City

Duration of Residence in the City of Baltimore,

Life

Place of Death,

Give street and
number.

32 Lombard St

Cause of Death,

First (Primary),

Second (Immediate),

Chol Infantum

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Mount Carmel

Date of Burial,

Aug 2nd 1877

M. D.

Undertaker,

M. France

Place of Business,

280 Centre St

Address,

Comm of Health
& Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of
Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Dr E. B. Larney

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19748

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Aug 2

Full Name of Deceased,

Write legibly and correctly. If an infant not named, give names of parents.

May B. Sedgwick

Sex, ~~Male~~ or Female,

Cross out the word not required in this line.

Age,

1

Years,

2

Months,

21

Days.

Color,

Black

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore

Duration of Residence in the City of Baltimore,

Since Birth

Place of Death,

Give street and number.

75 Jasper St

Cause of Death,

First (Primary.)

Pneumonia & Suffering

Second (Immediate.)

Convulsions

Duration of Last Sickness,

3 weeks

All the above information should be furnished by the Physician.

Place of Burial,

Laurel Cemetery

Date of Burial,

Aug 2nd 1877

Undertaker,

Wm James Gray

Place of Business,

45 Mulberry St

Address

W H Hauserman

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 19746

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 1, 1877

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. Mary Loretta Coale

Sex, Male or Female, Cross out the word not required in this line. Female

Age, Years, 2 Months, 20 Days,

Color, White Sex,

Married, Single, Widowed or Widower, Cross out the words not required in this line.

Occupation,

Birthplace, State or country (and how long in the United States, if of foreign birth.) Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, Give street and number. 417 Pratt St.

Cause of Death, First (Primary), Second (Immediate), Hereditary predisposition to Tubercle
Acute Hydrocephalus

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Berea Burying

Date of Burial, August 2, 1877

Undertaker, John Wacker

Place of Business, No 150 Canal

H. P. Morgan M. D.
Medical Attendant.

Address 175 Sora Bja

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 197471

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *appropriately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Aug 1 - 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sarah White

Sex, ~~Male~~ or Female, { Cross out the words not required in this line. }

Age, *Three* Years,

Color, *White* Months,

Days

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Housekeeper - Young and Co Sea

Birthplace, { State or country (and how long in United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Seven years

Place of Death, { Give street and number. }

No 108 S Fremont St

Cause of Death, { First (Primary.) Second (Immediate.) }

Parturition

Duration of Last Sickness,

One day

All the above information should be furnished by the Physician.

Place of Burial, *St Andrew*

Date of Burial, *August 3 1879*

Undertaker, *Wm. M. Mather*

Place of Business, *No 130 Camden*

Alfred R. Dean M. D. Medical Attendant.
Address, *87 Mulberry St*

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 19748

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

August 1st 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Mary Smith

Sex, Male or Female,

Cross out the word not required in this line.

Age,

Three

Years,

Two

Months,

Color,

White

Sex,

Days.

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

No 33 Union St
Diphtheria

Cause of Death,

First (Primary),

Second (Immediate),

Duration of Last Sickness,

Ten days

All the above information should be furnished by the Physician.

Place of Burial,

Holly Grass

Date of Burial,

Aug. 2, 1877

Undertaker,

Mr. Schelling

Place of Business,

72 Penn Ave

Address

H. S. Powell

M. D.

Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 197469

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

Date of Death, ~~to 7. Whatcoat Street~~ Sept 1 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Elizabeth Ann Woods

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 37 Years, 0 Months, 0 Days.

Color, White Sex, Abn.

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, 0

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City M.D.

Duration of Residence in the City of Baltimore, 37 years

Place of Death, { Give street and number. } 7. Whatcoat St

Cause of Death, { First (Primary,) Second (Immediate,) } Consumption

Duration of Last Sickness, two months

All the above information should be furnished by the Physician.

Place of Burial, Mount Street John L. Fisher M. D.

Date of Burial, Aug 2 Medical Attendant.

{ Undertaker, C. H. Blyden Address 77 Nord Eder. Bldg.

{ Place of Business, 201 Penn

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 19750,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Aug 21 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Patrick M. Court

Sex, Male or Female,

Cross out the word not required in this line.

Male

Age,

46

Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Single

Occupation,

Hack Driver

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Ireland

Duration of Residence in the City of Baltimore,

28 Years

Place of Death,

Give street and number.

Washington St Hospital

Cause of Death,

First (Primary),

Second (Immediate),

Dysentery
Shock

Duration of Last Sickness,

Two hours

All the above information should be furnished by the Physician

Place of Burial,

Cathedral Cemetery

Date of Burial,

August 22 1877

Undertaker,

James D. Byrne

Place of Business,

No 63 N Front St

J. H. Preston M. D.
Washington Hospital
Baltimore City
Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19751,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

August 1st 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Annie Rebecca Elbert

Sex, ~~Male~~ Female,

Cross out the word not required in this line.

Name is sufficient to identify

Age,

8 Mo 14 days

Years,

Months,

8

Days,

17

Color,

White

Sex,

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Mason Hwy Balto.

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

No 8 Buren st

Cause of Death,

First (Primary),

Second (Immediate),

Pertussis. Complicated with Pneumonia & Cholera infection one month

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

N. Cathedral Church

Date of Burial,

Aug 2 1877

Undertaker,

J. H. Chase

Place of Business,

Ectaw St

Address

No 203 Saratoga St

Jas. S. Shultz, M. D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 19752,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

1st August 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents }

Samuel Howard

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years,

1 Month,

Days.

Color,

Black

Sex,

Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

5 Stockton St.

Cause of Death, { First (Primary,) Second (Immediate,) }

Tuberculosis
Tubercular Meningitis
About 2 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Last Cemetery

Date of Burial, August 2d

John H. Hood M. D.
Medical Attendant

Undertaker, William H. Sanger

Place of Business, 10 Station St. Address

274 Holmes St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 19753,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

August 1, 1877.

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Paul S. Nicolai

Sex, Male or Female,

Cross out the word not required in this line.

Age,

Years,

2

Months,

24

Days.

Color,

White

Sex,

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore City.

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

W. Fayette St. 511

Cause of Death,

First (Primary),

Cholera infantum

Second (Immediate),

General cerebral irritation of the brain

Duration of Last Sickness,

Three weeks.

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore Cemetery

Date of Burial,

August 2, 1877

Undertaker,

Adam Weidenmeyer

Place of Business,

518 1/2 W. Baltimore St.

Address

C. H. Smith, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

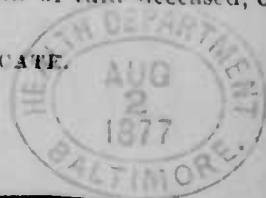
Permit No. 19754

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Aug 2 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Ann E. Bailey

Sex, ~~Male~~ Female,

Cross out the words not required in this line.

Age,

1

Years,

6

Months,

Days

Color,

Black

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in United States, if of foreign birth.)

Baltimore City

Duration of Residence in the City of Baltimore,

Life

Place of Death,

Give street and number.

38 Hill Street

Cause of Death,

First (Primary),

Pertussis

Second (Immediate),

Chol Infantum

Duration of Last Sickness,

2 months

All the above information should be furnished by the Physician.

Place of Burial,

Sharp St Cemetery

Date of Burial,

Aug 4 1877

Undertaker,

J. Davis

Place of Business,

Lee St

Address,

Commis of Health

Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Mary E. Bailey Mother

Board of Health, City of Baltimore,

Permit No. 19755

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

Date of Death,

August 1st 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Jas Edward Bradford
Male

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 7 Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Balto City

Duration of Residence in the City of Baltimore,

Since birth

Place of Death, { Give street and number. }

Basin near Skimm's ship yard

Cause of Death, { First (Primary,) Second (Immediate,) }

Accidentally
Drowned
Shore

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Balto Cemetery

Date of Burial,

August 2^d 1877

Undertaker,

Armstrong & Co

Place of Business,

263 Light St

R. C. Lee M. D.

Coroner & D.

Address Narrow & Barn Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. *19756*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 31st 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Mary Matthews

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Female

Age, *Three* Years,

0 Months,

Days.

Color,

Dark brown

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Single

Occupation,

None

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

Three Years

Place of Death, { Give street and number. }

No 1 Smith's Court

Cause of Death, { First (Primary,) Second (Immediate,) }

Whooping Cough

Duration of Last Sickness,

Three Weeks

All the above information should be furnished by the Physician.

Place of Burial, *M. Pub Cemetery*

Date of Burial, *Sept 2 1877*

{ Undertaker, *M. H. C. Peep*

{ Place of Business, *Pratt St*

C. F. Bohm M. D.
Medical Attendant.

Address *Cor Dolphin & Pop St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 19757

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

August 1st 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents }

Christopher Columbus Johnson

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age,

Years,

Months,

9

Days.

Color,

Black

Sex,

Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Balto City -

Duration of Residence in the City of Baltimore,

Entire life time

Place of Death, { Give street and number. }

3 Half Moon Alley

Cause of Death, { First (Primary,) Second (Immediate,) }

Trismus Nascentium

Duration of Last Sickness,

Three days

All the above information should be furnished by the Physician.

Place of Burial,

New Seabury

Date of Burial,

August 3rd 1877

Undertaker,

Mr. H. H. Hickman

Place of Business,

234 N. Bay St.

Address

No 2 N Broadway

D. Webster Cathell M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. *19758*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *August 2nd 1877*
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Johanna Kreibitzberger*
Sex, *Male* or Female, { Cross out the word not required in this line. }
Age, *72* Years, *unknown* Months, *unknown* Days.
Color, *white* Sex, *Female*
~~Married, Single, Widow or Widower~~, { Cross out the words not required in this line. }
Occupation, *housekeeper*
Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Schwarzbach Pfortstadt, Germany.*
Duration of Residence in the City of Baltimore, *26 years*
Place of Death, { Give street and number. } *N. 104 East Baltimore Street*
Cause of Death, { First (Primary), Second (Immediate), } *Bronchitis*
Debility
Duration of Last Sickness, *one year*
All the above information should be furnished by the Physician.
Place of Burial, *Delaware Cemetery*
Date of Burial, *Aug 3/87* *Henry Salzer* M. D.
Medical Attendant.
{ Undertaker, *Ch. Throssing* Address *165 W Lombard Street*
{ Place of Business, *236 S Dagel Street.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 19759

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 3 Months, Days.

Color, Sex,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, M. Thompson Cemetery

Date of Burial, August 3, 1877.

M. D.

Medical Attendant.

{ Undertaker, J. J. Hoffman

{ Place of Business, 111. Penn. Ave. Address No 175 E. Carey St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 19760

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Aug 1st

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

George Megard

Sex, Male or Female,

Cross out the word not required in this line.

Male

Age,

9

Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Single

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

City

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

9 Portugal Alley

Cause of Death,

First (Primary),

Second (Immediate),

Hemiplegia

Duration of Last Sickness,

5 weeks

All the above information should be furnished by the Physician.

Place of Burial,

St. Alphonsus Cemetery

Date of Burial,

August 2nd

Abraham B. Arnold

M. D.

Medical Attendant.

Undertaker,

Wendelin Dippel

Place of Business,

S. Bond St. 151

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 19761.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Aug. 1/77

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Clarence Price

Sex, Male or Female, { Cross out the word not required in this line. }

Age, _____ Years, 13

Months, _____ Days.

Color, White Sex,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

350 N. Stricker St.

Cause of Death, { First (Primary,) Second (Immediate.) }

Cholera Infantum & Whooping Cough.
Asthma

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Aug. 3/77

{ Undertaker, Jacob Meier

{ Place of Business, Lucia Hall or.

Wm. W. Murray M. D.
Medical Attendant.

Address 10 N. Carey

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

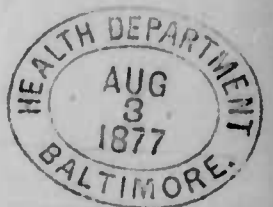
Permit No. 19762

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, Aug. 1st 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } J. P. Jackson.

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 38 Years,

Color, Blk Months, Days,

Sex, male.

Married, Single, Widowed or Widower, { Cross out the words not required in this line. }

Occupation, Porter

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Ind.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } Sarah Ann

Cause of Death, { First (Primary,) Second (Immediate,) } Ph this

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 3

Undertaker, { Name of Undertaker } J. G. Wettschire, M. D. Medical Attendant

Place of Business, { Address } 10 E. Lombard St. Address Co. Tozette & Pica.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

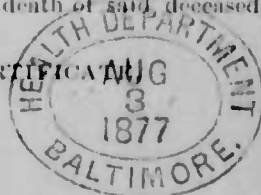
Permit No. 19763

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, Aug. 3rd 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Magdalen Parsons

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 50 Years, Months, Days.

Color, White

Married, ~~Single~~, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Balto. Co. Md.

Duration of Residence in the City of Baltimore, 50 years.

Place of Death, { Give street and number. } 383 Franklin

Cause of Death, { First (Primary,) Second (Immediate,) } Old age

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Stone Chapel Balto Co.

Date of Burial, Aug 5th 10 o'clock

{ Undertaker, Wm. J. J. } J. M. E. Cuddy, M. D. Medical Attendant.

{ Place of Business, Fayette St. } Address 383 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 19764

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *June 1877* *Irene Berlin*
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *August 2d 1877*

Sex, *Male* or Female, { Cross out the word not required in this line. }

Age, *7* Years,

Color, *White*

Months,

Days.

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore, *7 years*

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) } *Diphtheria*
{ Second (Immediate,) } *one week*

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, *London Park Cemetery*

Date of Burial, *August 3rd 1877*

Undertaker, *A B Cook*

Place of Business, *No 707 W Baltimore Street*

Address

377 N Lombard St

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

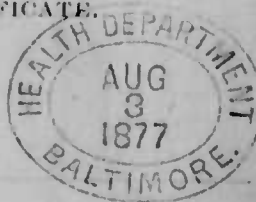
OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19765

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

August 20 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Henry Hartman

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years,

20

Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

City

Duration of Residence in the City of Baltimore,

20 months

Place of Death, { Give street and number. }

256 Halling st

Cause of Death, { First (Primary,) Second (Immediate,) }

Teething

Duration of Last Sickness,

Two weeks

All the above information should be furnished by the Physician.

Place of Burial,

Weyman Cemetery

Date of Burial,

August 3

Undertaker,

J. B. Cook

Place of Business,

707 West Baltimore

Paul Erdelmeier

M. D.

Medical Attendant.

Address 582 W. Lombard st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

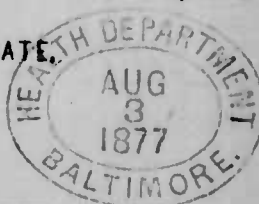
Permit No. 19766

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, August 1, 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Louisa Shawcross

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age, 77 Years, 6 Months, 19 Days.

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore city

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number. } 169 Spaulding St

Cause of Death, { First (Primary,) Intestinal obstruction
Second (Immediate,) }

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician

Place of Burial, Greenmount C.

Date of Burial, Aug 4

{ Undertaker, J. B. Blackistonson

{ Place of Business, 606 Ball St

Wm M Kemp M. D.
Medical Attendant.

Address 55 Myrtle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

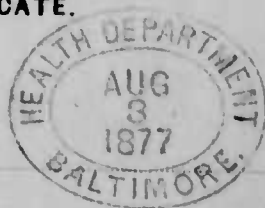
Permit No. 19767

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, August 24 10. p m

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Krause

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 48 Years, 14 Months, 6 Days.

Color, white Sex,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Laborer

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Germani

Duration of Residence in the City of Baltimore, Twenty Three

Place of Death, { Give street and number. } 85. Grand

Cause of Death, { First (Primary,) acute Meningitis. Second (Immediate,) apoplexy.

Duration of Last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, Lenox Park

Date of Burial, August 5 1877 John I. Zitzer M. D. Medical Attendant.

{ Undertaker, Charles B. Steyer { Address 77. N. Euter. Place of Business, 161 Hammer

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 19768

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

Date of Death,

Aug. 3rd.

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Sarah Cherry

Sex, Male or Female,

Cross out the word not required in this line.

Age,

Years,

Months,

Days.

Color,

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Balto.

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

No. 44 King St. Ch. Phillips Richmond

Cause of Death,

First (Primary),

Second (Immediate),

Exhaustion About 7 mos.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

N. Pub Cemetery

Date of Burial,

Aug 3rd 1877

Undertaker,

M. H. C. Perry

Place of Business,

Pratt St

Address

W. J. Lockwood,

M. D.

Medical Attendant.

Balto. Genl. Dispt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19719

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

CERTIFICATE OF DEATH.



Date of Death,

August 3rd 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Barrie Vallbracht

Sex, ~~Male~~ Female, { Cross out the words not required in this line. }

Age, 1 Year,

6 Months, 13 Days

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) }

Balto. City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

302 Charles St.

Cause of Death, { First (Primary,) Second (Immediate,) }

Meningitis

Duration of Last Sickness,

2 days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, August 3rd

Undertaker, to Parille

Place of Business, Fremont St.

R. J. W. Tall M.D.
Medical Attendant.

Address, 152 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. **19770**

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

August 2d 1877

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

William Menden

Sex, Male or Female,

Cross out the word not required in this line.

Age,

2 Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower, Cross out the words not required in this line.

Occupation,

Birthplace, State or country (and how long in the United States, if of foreign birth.)

Balto

Duration of Residence in the City of Baltimore,

Place of Death, Give street and number.

**58 Walker St
Pertussis**

Cause of Death,

First (Primary),
Second (Immediate),

Septic Poisoning

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Western Cemetery

Date of Burial,

August 3rd

Undertaker,

Henry Brice

Place of Business,

Bennett St

A. M. Dodge

M.D.

Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19771.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, Aug 2nd 1877
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } John Money
Sex, Male or Female, { Cross out the word not required in this line. }
Age, Years, 10 Months, 27 Days.
Color, White Sex, Male
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation,
Birthplace, { State or country (and how long in the United States, if of foreign birth. } Maryland
Duration of Residence in the City of Baltimore, 10 mos
Place of Death, { Give street and number. } 60 Hampton St
Cause of Death, { First (Primary,) Cholera Infantum
Second (Immediate,)
Duration of Last Sickness, 3 weeks
All the above information should be furnished by the Physician.
Place of Burial, St Patrick's Cemetery
Date of Burial, August 3rd 1877 W. N. Hill M. D. Medical Attendant.
{ Undertaker, James D Byrne Address 31 N. Bond St
{ Place of Business, No 63 N Front St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. *19772*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *August 2nd 1877*
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *James Smith*
Sex, Male ~~or Female~~ { Cross out the word not required in this line. } *Male*
Age, *4* Years, *21* Months, *21* Days.
Color, *White*

~~Married, Single, Widow or Widower~~ { Cross out the word not required in this line. }

~~Occupation~~

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Lorice County Pennsylvania*

Duration of Residence in the City of Baltimore, *Three Months*

Place of Death, { Give street and number. } *172 North Front Street*

Cause of Death, { First (Primary), Second (Immediate), } *Hydrocephalus*

Duration of Last Sickness, *Two weeks*

All the above information should be furnished by the Physician

Place of Burial, *St Peters Cemetery*

Date of Burial, *August 3rd 1877*

J. J. Ward M. D.
Medical Attendant.

{ Undertaker, *James S. Byrne*

{ Place of Business, *No 63 N Howard St*

Address *127 St Paul St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

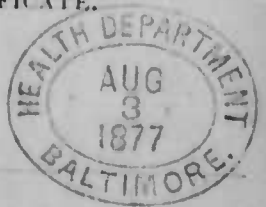
Permit No. 19773.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, Aug 2^d 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Byrne

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 39 Years, Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } London Co Va

Duration of Residence in the City of Baltimore, nearly lifetime

Place of Death, { Give street and number. } 99 Wmby St

Cause of Death, { First (Primary,) Consumption (Pulmonary) Second (Immediate,) }

Duration of Last Sickness, nearly a year

All the above information should be furnished by the Physician

Place of Burial, Holy Cross Cemetery, Chas A Donovan M. D. Medical Attendant.

Date of Burial, August 4, 1877

{ Undertaker, James St Byrne Address { Place of Business, No 63 N. Front St }

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 19774

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, 2. 8. 77

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Betz

Sex, Male ~~Female~~, { Cross out the word not required in this line. }

Age, 1 Year, 3 Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore

Duration of Residence in the City of Baltimore, _____

Place of Death, { Give street and number. } 166 S. Madeira Alley

Cause of Death, { First (Primary,) Cholera Infantum
Second (Immediate,) Typhoid fever

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Michaels Cemetery

Date of Burial, August 9th at 4 o'clock

Undertaker, Henry Sander

Place of Business, 252 Canton Ave

Address 245 S. Broadway
J. F. Fether M.D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 19778

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

CERTIFICATE OF DEATH.



Date of Death, Aug 2^d 1877

Full Name of Deceased, Writes legibly and spell correctly. If an infant not named, give names of parents. Mary Elizabeth McShane

Sex, ~~Male~~ or Female, Cross out the word not required in this line.

Age, Years, Eleven Months, Days.

Colored

Married, Single, Widow or Widower, Cross out the words not required in this line.

Occupation,

Birthplace, State or country (and how long in the United States, if of foreign birth.) Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, Give street and number. East 193 Street

Cause of Death, First (Primary), Whooping Cough
Second (Immediate), Cholera Infantum

Duration of Last Sickness, Eleven days

All the above information should be furnished by the Physician.

Place of Burial, Balto. Aint-

Date of Burial, August 3^d 1877

Undertaker, John J. Rodin

Place of Business, Cor. Second and Ave. to Monument St.

E. C. Baldwin M. D.
Medical Attendant.

Address 124 N. Eyster St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

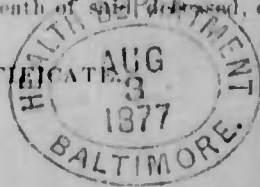
Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19776e

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

August 2^d

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents }

Mary Elizabeth Crowley

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

One

Years,

Five Months,

Days.

Color,

Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number }

205 Hamburg St

Cause of Death, { First (Primary,) Second (Immediate,) }

Cholera Infantum

Duration of Last Sickness,

Two weeks

All the above information should be furnished by the Physician.

Place of Burial,

Laurel Cemetery

Date of Burial,

August 3

{ Undertaker,

Samuel W. Chase

{ Place of Business,

128 S. Howard St

Address

45 Conway St

Julius Hall M. D.
Southern Dispensary
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19777

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

August 2d 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Mary Matthews

Sex, Male or Female,

Cross out the word not required in this line.

Female

Age,

Twenty

Years,

Months,

Days.

Color,

Colored

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Married

Occupation,

Housekeeping

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore City Maryland

Duration of Residence in the City of Baltimore,

born here

Place of Death,

Give street and number.

No 51 Church St

Cause of Death,

First (Primary),
Second (Immediate).

Pneumonia
Typhoid fever
days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Sharp St. Cemetery

Date of Burial,

Aug 3rd 1877

Undertaker,

Jacob Davis

Place of Business,

No 3 Lee St

J. D. Dyer M. D.

Medical Attendant.

No 146 Hill St

Baltimore Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19778

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 2nd

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Muhammad) Mother's name - Maria Moulton

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years One Month Days

Color, rd Sex,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Larwin's Al 45 Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } Larwin's Al 45

Cause of Death, { First (Primary,) Cholera infantum. Second (Immediate,) }
Duration of Last Sickness, Three days -

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 3 1877

{ Undertaker, John C. Jordan }
{ Place of Business, 1062 Pop 44 }

Address

Dr. S. J. Day M. D. Medical Attendant.
Baltimore Dispensary.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

City of Baltimore,

Permit No. 19779.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Aug. 2nd 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Ella Mitchell



Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

Years,

9 Months,

Days.

Color,

white

Married, Single, Widowed or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

98 Chesapeake St. Balto.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

98 Chesapeake St.

Cause of Death, { First (Primary,) Second (Immediate,) }

Dentition

Duration of Last Sickness,

3 mos.

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial,

Sunday August 5th

R. W. Mansfield

M. D.

Medical Attendant.

{ Undertaker,

Samuel Henry

{ Place of Business,

Canton St.

Address 167 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. **19780**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

August 2nd

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

May Spiering

Sex, Male or Female, { Cross out the word not required in this line. }

Age, _____ Years, *12* Months, *14* Days.

Color, *white*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Balto City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

to 231 N. Dallas street

Cause of Death, { First (Primary.)
Second (Immediate.) }

Enter - Colic

Duration of Last Sickness,

about 3 months

All the above information should be furnished by the Physician.

Place of Burial, *Balto Cemetery*

Date of Burial, *August 4th*

Undertaker, *Henry Hoeck*

Place of Business, *125 Miller St*

C. S. Kluender M. D.
Medical Attendant.

Address *222 N. Broadway*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *19781*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Friday Aug 3^d 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Emma St Clair Armstrong

Sex, *Male or Female*,

Cross out the word not required in this line.

Age,

Years,

Months,

10

Days.

Color,

Sex,

Married, *Single, Widow or Widower*,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

34 Susarn St

Duration of Residence in the City of Baltimore,

Since birth

Place of Death,

Give street and number.

34 Susarn St

Cause of Death,

First (Primary,)

Marasmus

Second (Immediate,)

do

Duration of Last Sickness,

10 days

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore Cemetery

Date of Burial,

August 5th 1877

J. E. Richards

M. D.

Medical Attendant.

Undertaker,

H. M. Schreyer

Address

28 O'Donnell St

Place of Business,

341 Canton St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19782

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

August 2nd

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Annie Anderson

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

3

Years,

3

Months,

—

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

Since Birth

Place of Death, { Give street and number. }

9 Elizabeth Lane

Cause of Death, { First (Primary,) Second (Immediate,) }

Scarlett Fever

Diphtheria

Duration of Last Sickness,

3 weeks

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

Sheldon Boyle M. D.
Medical Attendant.

{ Undertaker,

{ Place of Business,

Address 146. Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 19783

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, August 3rd
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lydia McMillan
Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }
Age, one Years, 5 Months, Days.
Color,
Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }
Occupation,
Birthplace, { State or country (and how long in the United States, if of foreign birth.) }
Duration of Residence in the City of Baltimore,
Place of Death, { Give street and number. } No 144 Ridgely St
Cause of Death, { First (Primary,) Cholera Infantum
Second (Immediate,)
Duration of Last Sickness, one week
All the above information should be furnished by the Physician
Place of Burial, St. Peter's Cemetery
Date of Burial, Aug 4th 1877 J. C. Burch M. D.
Medical Attendant.
{ Undertaker, J. C. Burch
{ Place of Business, 265 Light Address 151 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 197841

The Physician who attended any person in a last illness is responsible for the presentation of this certificate, *correctly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *Aug. 2nd 77*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Louisa Busach*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } *Female*

Age, *2* Years, *9* Months, *9* Days.

Color, *White* Sex, *Female*

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore, Md.*

Duration of Residence in the City of Baltimore, *2 mos. 9 days*

Place of Death, { Give street and number. } *#287 N. Durham St*

Cause of Death, { First (Primary,) Second (Immediate,) } *Bronchitis. Cap. Asphyxia*

Duration of Last Sickness, *2 weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Baltimore Cemetery*

Date of Burial, *4 of July*

W. B. O'Reilly M. D.
Medical Attendant.

{ Undertaker, *Adam Link* Address *285 N. Broadway*

{ Place of Business, *461 N. Gay St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, ept in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. *19788*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *2 August 1877.*
 Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Caroline Miller*
 Sex, Male or Female, { Cross out the word not required in this line. } *Female*
 Age, *1* Years, *3* Months, *11* Days.
 Color, *White*
 Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Single*
 Occupation,
 Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore City*
 Duration of Residence in the City of Baltimore, *Life*
 Place of Death, { Give street and number. } *455 N. Fremont St.*
 Cause of Death, { First (Primary.) Second (Immediate.) } *Cholera Infantum*
meningitis
 Duration of Last Sickness, *21 days*

All the above information should be furnished by the Physician.

Place of Burial, *Balt Cemetery*
 Date of Burial, *Aug 4th 1877* *Marbury Brown* M. D.
Medical Attendant.
 Undertaker, *Chenoweth & Co*
 Place of Business, *341 Penn and City* Address *201 W. Biddle*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

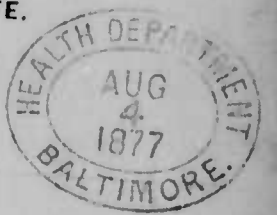
Permit No. 19786,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Aug 30 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Mary Cooper

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age,

Years,

Eight

Months,

Days.

Color,

Sex,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Baltimore City

Duration of Residence in the City of Baltimore,

During life

Place of Death, { Give street and number. }

No 28 Street

Cause of Death, { First (Primary,) Second (Immediate,) }

Cholera Infantum

Duration of Last Sickness,

Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 4

Undertaker, William J. Dwyer

Place of Business, 62 East St

Address

116 E. Fayette St

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

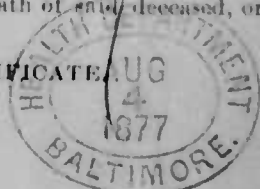
Board of Health, City of Baltimore,

Permit No. 19787

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, Aug 2d 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Richard Alexander Wright

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, Fifty two Years, eight Months, & eighteen Days.

Color, White

Married, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, None

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Queen Anne Co., Md

Duration of Residence in the City of Baltimore, Seven years

Place of Death, { Give street and number. } 287 Argyle St

Cause of Death, { First (Primary,) } Bilious fever
{ Second (Immediate,) } Pneumonia

Duration of Last Sickness, About a month

Place of Burial, Queen Anne's County

Date of Burial, August 4th 1877

{ Undertaker, Jacob Weaver } Address 262 Madison St

{ Place of Business, No 496 Druid Hill Ave }

Elias C Price M. D.
(For Dr Weaver) Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 841

[OVER.]

Permit No. 19788

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Aug. 29 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Thomas L. Smith

Sex, Male or Female,

Cross out the word not required in this line.

Male

Age,

37

Years,

6

Months,

22

Days.

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Married

Occupation,

Night Inspector at Custom House

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Maryland

Duration of Residence in the City of Baltimore,

30 years

Place of Death,

Give street and number.

382 Hanover St.

Cause of Death,

First (Primary),
Second (Immediate).

Strangulated hernia, operated, death result of prostration

Duration of Last Sickness,

2 days

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore Cemetery

Date of Burial,

August 31 1877

Undertaker,

Armstrong & Denny

Place of Business,

263 Light

J. E. Harrington

Assisted by Drs. Hall & Hall

Address 321 Light St.

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 19789

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH



Date of Death,

Aug 3rd 1877

Full Name of Deceased,

Write legibly and well correctly. If infant not named, give names of parents.

Annou Katz

Sex, Male or Female,

(Cross out the word not required in this line.)

Male

Age,

2 years

Months,

Days.

Color,

white

Married, Single, Widow or Widower,

(Cross out the words not required in this line.)

Occupation,

Birthplace,

(State or country (and how long in the United States, if of foreign birth.)

Balt. Md.

Duration of Residence in the City of Baltimore,

Since birth

Place of Death,

(Give street and number.)

82 N. Durham St.

Cause of Death,

(First (Primary.)

Measles

Second (Immediate.)

Complications

Duration of Last Sickness,

All the above information should be filled out.

West High Street Cemetery

Place of Burial,

~~August 3rd 1877~~

Date of Burial,

August 3rd 1877

J. H. Ruck

M. D.

Medical Attendant.

Undertaker,

W. Langgrov

Place of Business,

81 Eough St

Address

Balt. & West St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 19790

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Aug 3 1877

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Joseph Karchek

Sex, Male ~~Female~~

Cross out the words not required in this line.

Age,

1

Years,

1

Months,

Days

Color,

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in United States, if of foreign birth.)

Baltimore City

Duration of Residence in the City of Baltimore,

Life

Place of Death,

Give street and number.

1414 N. Chapel St

Cause of Death,

First (Primary.)

Aspiration

Second (Immediate.)

Summer Complaint

Duration of Last Sickness,

14 months

All the above information should be furnished by the Physician.

Place of Burial,

St. Alphonsus

Date of Burial,

Sept 11 1877

James A. Stewart, M.D.

Undertaker,

A. Kohler

Address,

Commis of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by A. Kohler Undertaker

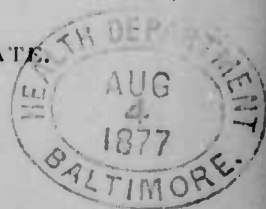
Board of Health, City of Baltimore,

Permit No. 19791

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, August 3rd 1877
 Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annie S. Jay
 Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female
 Age, 24 Years, Months, Days.
 Color, White
~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } Single
 Occupation, School Teacher
 Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore City
 Duration of Residence in the City of Baltimore, Life
 Place of Death, { Give street and number. } No 86 South Ann St
 Cause of Death, { First (Primary,) Tuberculosis.
 { Second (Immediate,) }
 Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery
 Date of Burial, August 7 1877 Thomas J. Evans M. D. Medical Attendant.
 { Undertaker, Houghes & Co Address No 18 Jackson Place
 { Place of Business, Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

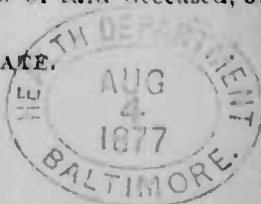
OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19772

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, Aug 3 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Harri V. Keys

Sex, ~~Male~~ or Female, { Cross out the words not required in this line. }

Age, one Years, seven Months, Days

Color, Coloured

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Baltimore Md

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give street and number. } 55 Green Willow St

Cause of Death, { First (Primary,) Second (Immediate,) } Cholera in form of typhoid

Duration of Last Sickness, About two weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 20 1877

{ Undertaker, Wm. H. Phelps Jr. Address, 87 Malbury St

{ Place of Business, 97 South Hill St. }

Medical Attendant, J. G. Rosen M. D.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 19793,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, August 2nd 1877
 Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Rutherford Johnson
 Sex, Male or Female, { Cross out the word not required in this line. } Male
 Age, 12 Years, 12 Months, Days.
 Color, Colored
~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word is not required in this line. }
 Occupation,
 Birthplace, { State or country (and how long in the United States, if of foreign birth. } Batavia city.
 Duration of Residence in the City of Baltimore,
 Place of Death, { Give street and number. } 28 Rabun st.
 Cause of Death, { First (Primary), Second (Immediate), } Cholera Infantum
 Duration of Last Sickness, 1 Month

All the above information should be furnished by the Physician

Place of Burial, Sharp St. Cemetery
 Date of Burial, Aug. 4th 1877
 Undertaker, Wm. S. Bishop Jr.
 Place of Business, 97 Smith Hill av.
 Address 143 Mulberry st
A. D. Bailey M. D.
 Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and time of death, except in cases of births and deaths of illegitimate children.

[OVER.]

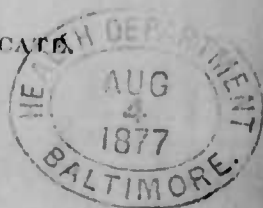
Permit No. 19794

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

August 2nd

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Robert Heymann

Sex, Male or Female,

Cross out the word not required in this line.

Male

Age,

One

Years,

Two

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore city

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

No 130 Saratoga st

Cause of Death,

First (Primary.)

Diphtheria

Second (Immediate.)

Septicaemia

Duration of Last Sickness,

Several days

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore Cemetery

Date of Burial,

Saturday 4th Aug.

Undertaker,

Conrad Kunkel

Place of Business,

No 60 Park ave,

J. O. Mulvaney

M. D.

Medical Attendant.

Address

12 S. Eden st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 19795

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, August 3d - 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Premature child of R. E. Reed

Sex, Male ~~on Female~~, { Cross out the word not required in this line. }

Age, _____ Years, 3 day^s Months, _____ Days.

Color, White

Sex, male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto -

Duration of Residence in the City of Baltimore, _____

Place of Death, { Give street and number. } No - 157 Edmondson Av -

Cause of Death, { First (Primary,) accident -
Second (Immediate,) _____

Duration of Last Sickness, _____

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Aug 4th 1877

{ Undertaker, R. E. Reed

{ Place of Business, 38 D. G. Ave, Baltimore

R. H. Goldsmith, M. D.
Medical Attendant.

Address 106 Halsey Av -

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

City of Baltimore,

Permit No. 19796

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Aug 30 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Hannah Mc Craver

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, Sixty two Years,

Months,

Days.

Color,

White

~~Married, Single~~, Widow or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

none

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Chester Co. Pa.

Duration of Residence in the City of Baltimore,

30 years

Place of Death, { Give street and number. }

623 W Lombard St

Cause of Death, { First (Primary,) Second (Immediate,) }

Cancer of Uterus

Duration of Last Sickness,

Nearly a year

All the above information should be furnished by the Physician.

Place of Burial, ~~Linden Park Cemetery~~

E. C. Price

M. D.

Date of Burial, Sunday Aug 4

Medical Attendant.

{ Undertaker, Mr S Shaker

{ Place of Business, Paca & Camden St

Address 262 Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

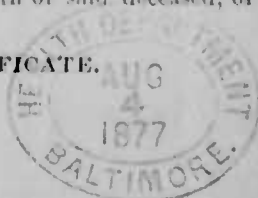
Permit No. 19797

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

August 3rd 1877

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Fleming Crowder

Sex, Male or Female,

Cross out the word not required in this line.

Age,

55 Years,

Months,

Days.

Color,

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Coach Driver

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Northumberland County, Virginia

Duration of Residence in the City of Baltimore,

15 years

Place of Death,

Give street and number.

125 Chew St.

Cause of Death,

First (Primary.)

Second (Immediate.)

Chronic Albuminuria

Duration of Last Sickness,

18 months

All the above information should be furnished by the Physician.

Place of Burial,

North Cemetery Phila

Date of Burial,

Aug 5 1877

Undertaker,

Fry & Broth

Place of Business,

54 N Broadway

Address

Broadway Madison

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

City of Health, City of Baltimore,

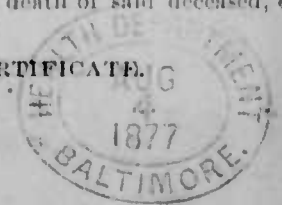
OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19798,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

August 2nd 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Amelia Thomas.

Sex, ~~Male~~ Female,

{ Cross out the word not required in this line. }

Age,

18

Years,

Months,

Days.

Color,

Colored

Married, Single, ~~Widow~~ or ~~Widower~~,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Calverh. Co. Md.

Duration of Residence in the City of Baltimore,

10 years.

Place of Death,

{ Give street and number. }

306 N. Durham

Cause of Death,

{ First (Primary),
Second (Immediate), }

Phthisis Pulmonalis
2 years.

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial,

Laurel Cemetery

Date of Burial,

Aug 4 1877

Edward P. Mendenhall

M. D.

Medical Attendant.

{ Undertaker,

Thos. J. Dock

{ Place of Business,

52 Jefferson

Address

137 N. Eppan

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19799

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

August 3d, 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Mary Ryner

Sex, Male or Female,

Cross out the word not required in this line.

Age,

70

Years,

Color,

White

Months,

Days.

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace, State or country (and how long in the United States, if of foreign birth.)

Ireland

Duration of Residence in the City of Baltimore,

28 years

Place of Death, Give street and number.

No 49 Elliott St

Cause of Death,

First (Primary).
Second (Immediate).

Old age

Duration of Last Sickness,

All the above information should be furnished by the Physician.

3 weeks

Place of Burial,

St. John's Church

Date of Burial,

Aug. 5th, 1877

Undertaker,

M. A. Hays

Place of Business,

74 S. B. St.

Address

No 144 Chesapeake St

E. J. H. Williams M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. *19.800*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Aug. 2nd 1877.

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

John Dunnigan

Sex, Male or Female,

Cross out the word not required in this line.

Male

Age,

Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore City

Duration of Residence in the City of Baltimore,

Life time

Place of Death,

Give street and number.

No. 14, Palmetto Street

Cause of Death,

First (Primary.)

Second (Immediate.)

Scarlaticina

Duration of Last Sickness,

Two Weeks

All the above information should be furnished by the Physician.

Place of Burial,

Holy Cross Church

Date of Burial,

Aug 5th, 1877

Undertaker,

M. A. Raizer

Place of Business,

74 S. Broadway

Address

J. M. Raizer

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 19801,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 3^d 1877

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. Martha Elizabeth Rogers

Sex, ~~Male~~ or Female, Cross out the word not required in this line.

Age, Two Years, one Months, 16 Days.

Color, White Sex,

Married, Single, Widow or Widower, Cross out the words not required in this line.

Occupation,

Birthplace, State or country (and how long in the United States, if of foreign birth.) Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, Give street and number. 108 Grandy st

Cause of Death, First (Primary,) Second (Immediate.) Diphtheria
Brain fever

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Aug 5th 1877 Joseph C. Cockey M. D.
Medical Attendant.

{ Undertaker, Thos P. Hughes Address
{ Place of Business, 60 E Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Office of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19802

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, August 4^d

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Agnes McKenna

Sex, Male or Female, { Cross out the word not required in this line. }

Age, _____ Years, 2 Months, _____ Days.

Color, White Sex, _____

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, 2 mos

Place of Death, { Give street and number. } Druid Hill Ave & Union St

Cause of Death, { First (Primary,) Drunken
Second (Immediate,) Exhaustion

Duration of Last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery F. E. Chataud M. D. Medical Attendant.

Date of Burial, Aug 6 1877

{ Undertaker, Andrew Leach Address 114 Park

{ Place of Business, 118 Druid Hill Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. **198113**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended a person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, **July 31st**
 Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } **George W. Nelson**
 Sex, Male or Female, { Cross out the word not required in this line. } **Male**
 Age, **7 1/2** Years, **10** Months, **10** Days.
 Color, **White** Sex, **Male**
 Married, Single, Widow or Widower, { Cross out the words not required in this line. }
 Occupation,
 Birthplace, { State or country (and how long in the United States, if of foreign birth. } **429 N Gay St-**
 Duration of Residence in the City of Baltimore,
 Place of Death, { Give street and number. } **429 N Gay St**
 Cause of Death, { First (Primary,) **Febrile**
 { Second (Immediate,) **Cerebritis**
 Duration of Last Sickness, **About 1 week**
 All the above information should be furnished by the Physician.
 Place of Burial, **Baltimore Sanitary**
 Date of Burial, **Aug 1st**
 { Undertaker, **Fry & Brothers** Address
 { Place of Business, **Cover Fry & Brothers**

Wm Whitridge M. D.
 Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19804

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

CERTIFICATE OF DEATH.



Date of Death, Aug 3 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Anne Jackson

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Eighteen Years, Months, Days.

Color, White Sex, Single

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Painter

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Six years

Place of Death, { Give street and number. } 1218 S. Duane St.

Cause of Death, { First (Primary,) Pulmonary Tuberculosis }
{ Second (Immediate,) }
Fever

Duration of Last Sickness, Five weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 5 1877

{ Undertaker, John W. Loebe }
{ Place of Business, 59 S. Wolfe St }

Address 116 E. Fayette St

Medical Attendant, J. Whitfield Womack M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 19805

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

Aug 2nd

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Thomas Gleason

Sex, Male ~~or Female~~,

{ Cross out the word not required in this line. }

Age,

3

Years,

Months,

24

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give street and number. }

41 Druid Hill Ave

Cause of Death,

{ First (Primary), }

{ Second (Immediate), }

Pertussis
Pneumonitis

Duration of Last Sickness,

3 days

All the above information should be furnished by the Physician.

Place of Burial,

Towson Town

Date of Burial,

Aug 4

Undertaker,

C. H. Bizzara

Place of Business,

201 Pen au

Address

Geo L Rice M. D.
Medical Attendant.

37 Druid Hill Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

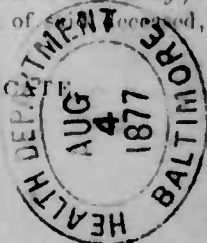
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19806

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, Aug. 4. 77

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Katie Smaling -

Sex, Male or Female, { Cross out the word not required in this line. } female

Age, — Years, 10 Months, — Days.

Color, white

Married; Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, —

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Md

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number. } 197 Cathedral St

Cause of Death, { First (Primary,) Pneumonia
Second (Immediate,) }

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem

Date of Burial, Aug 5. 1877

{ Undertaker, Chas. T. Scriven

{ Place of Business, 271 W. Emden St

G. L. S. Dancyhill M. D.
Medical Attendant.

Address 128 W. Biddle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

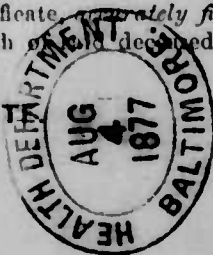
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *19808*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *August 4th 1877*

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. *Maria Katharina Saudmann*

Sex, ~~Male~~ or Female, Cross out the word not required in this line.

Age, *38* Years, *2* Months, _____ Days.

Color, *white* Sex, *female*

Married, ~~Single, Widow or Widower~~, Cross out the words not required in this line.

Occupation, *housekeeper*

Birthplace, State or country (and how long in the United States, if of foreign birth.) *Germany*

Duration of Residence in the City of Baltimore, *13 years*

Place of Death, Give street and number. *423 Saratoga St*

Cause of Death, First (Primary), Second (Immediate), *Pulmonary Phthisis.*
General debility

Duration of Last Sickness, *one year*

All the above information should be furnished by the Physician.

Place of Burial, *St. Alphonsus Cemetery* *Henry Salzer* M. D.

Date of Burial, *August 6* Medical Attendant.

{ Undertaker, *D. Linnmott* Address *165 W. Lombard.*
{ Place of Business, *317 Mulberry St.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19809

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of *any* deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE



CERTIFICATE OF DEATH.

Date of Death,

August 3rd 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents }

Edw. C. Johnson

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Female

Age, 1 Years,

5

Months,

Days.

Color,

Black

Sex,

Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Single

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Baltimore City

Duration of Residence in the City of Baltimore,

all life

Place of Death, { Give street and number. }

186 Chesnut Alley

Cause of Death, { First (Primary,) Second (Immediate,) }

Whooping Cough
Convulsions

Duration of Last Sickness,

One Month

All the above information should be furnished by the Physician.

Place of Burial,

Laurel Cemetery

Date of Burial,

August 5th 1877

{ Undertaker,

Wm. James Gray

Address

47 Edmundson Ave

{ Place of Business,

65 Mulberry St.

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

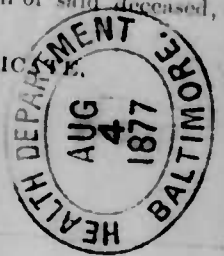
Permit 1810

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Aug 3rd 1877
John Weitzel

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 36 Years,

Color, white

Months, Days.

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Cigar Maker

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore city
During life time

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 47 St. St.

Cause of Death, { First (Primary,) Second (Immediate,) } Consumption

6 mos.

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, London Park Cemetery

Date of Burial, Monday 5th 1877

Undertaker, Thos S Hughes

Place of Business, 60 E Balto

Address 117 S. Broadway

R. W. Mansfield M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

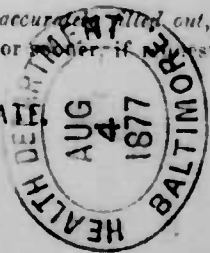
OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19811

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, August 3, 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Washington Kearsley

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, Years, 1 Months, 28 Days.

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto. Ind

Duration of Residence in the City of Baltimore, 17 1/2 yrs

Place of Death, { Give street and number. } 742 W. Lexington St

Cause of Death, { First (Primary,) Chorea Infantum
Second (Immediate,) }

Duration of Last Sickness, 5 wks

All the above information should be furnished by the Physician

Place of Burial, Baltimore County

Date of Burial, Aug 5th 1877

Undertaker, Henry W. Mears

Place of Business, 45 N Gay St

Address 349 Lexington St
Medical Attendant, Lewis M. Eastman M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 19812

OFFICE OF THE REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 4 August 1911
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Ch. Heinrich Bischoff
Sex, Male or Female, { Cross out the word not required in this line. } male
Age, 2 Years, 8 Months, Days.
Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 187 Hanover Street

Cause of Death, { First (Primary,) } Lung Complaint - Whooping Cough.
{ Second (Immediate,) } Convulsions

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cemetery

Date of Burial, 5 August

{ Undertaker, Charles F. Kuroki

{ Place of Business, 161 Hanover St

L. F. Reinhardt M. D.
Medical Attendant.

Address 224 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS



Permit No. 19813

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *carefully filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Aug 4th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Henry Rudolph Schuchardt

Sex, Male or Female,

Cross out the word not required in this line.

Age,

Years,

8

Months,

1

7

Days.

Color,

White

Married, Single, Widowed or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Corner Elliott & Patuxent Sts

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

Cor. Elliott & Patuxent Sts

Cause of Death,

First (Primary.)

Second (Immediate.)

Apoplexy

Duration of Last Sickness,

One week

All the above information should be furnished by the Physician.

Place of Burial,

St Paulus Cemetery

Date of Burial,

Aug 5th 1877

Undertaker,

C. E. Eickhard

Place of Business,

269 Canton Ave

Address

144 Chesapeake St
Baltimore Md

C. J. Williams

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 19874

OFFICE OF REGISTRAR OF VITAL STATISTICS



The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 3rd, 1877
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Rosa Shaver
Sex, Male or Female, { Cross out the word not required in this line. } Female
Age, 30 Years, 10 Months, Days.
Color, White
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation,
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Bonfield, Maryland
Duration of Residence in the City of Baltimore, 12 years
Place of Death, { Give street and number. } No 103 Sharp St
Cause of Death, { First (Primary,) Second (Immediate,) } Septicemia
Duration of Last Sickness, 3 1/2 days
All the above information should be furnished by the Physician.
Place of Burial, Buttermilk Hill Cemetery
Date of Burial, August 5
Undertaker, J B Cook
Place of Business, 407 West Baltimore St
Address
M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 19815

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER



CERTIFICATE OF DEATH

Date of Death, Aug 14 1891

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } Joseph Johnson

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Four (4) Years, Two (2) Months, Two (2) Days.

Color, Black Sex, Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, City of Baltimore

Birthplace, { State or country (and how long in the United States, if of foreign birth. } City of Baltimore

Duration of Residence in the City of Baltimore, City of Baltimore

Place of Death, { Give street and number. } No 29 Stockholm St

Cause of Death, { First (Primary,) Second (Immediate,) } Whooping Cough
Palena Infantum

Duration of Last Sickness, Two (2) weeks

All the above information should be furnished by the Physician.

Place of Burial, Old Sharp St

Date of Burial, Aug 15 1891

Undertaker, John C. Gorman

Place of Business, 1163 Park Ave

Irma D. Blake M. D.
Medical Attendant.

Address 1401 Scott St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17816

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, Aug. 1st 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Infant of Chas. E. Williams

Sex, ~~Male~~ Female, { Cross out the words not required in this line. }

Age, Years, Months, 2 hours Days

Color, Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. }

Cause of Death, { First (Primary), Premature birth- Second (Immediate), }

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Balls Blm.

Date of Burial, Aug. 5th 1877

Undertaker, M. K. Hull

Place of Business, 233 E. Baltimore St.

James A. Stewart, M.D.
Comptroller & Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by the Midwife

[OVER.]

Permit No. 19817

OFFICE OF REGISTRAR

NO

STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

CERTIFICATE OF DEATH

Date of Death,

August 3rd 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Cora Boston

Sex, ~~Male~~ or Female,

Cross out the word not required in this line.

Age,

11

Years,

Months,

Days.

Color, *ed*

Sex,

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore Md

Duration of Residence in the City of Baltimore,

Since birth

Place of Death,

Give street and number.

33 Vincent Alley

Cause of Death,

First (Primary),

Second (Immediate),

Tubercular Meningitis

Duration of Last Sickness,

Six weeks

All the above information should be furnished by the Physician.

Place of Burial,

Land Cemetery

Date of Burial,

August 5

Undertaker,

William L. Lunge

Place of Business,

148 West Broadway

Address

558 W. Bay St

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 1818

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

CERTIFICATE OF DEATH



Date of Death,

Aug. 4th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

James Edward Harris

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years,

2

Months,

21

Days.

Color,

Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

2 mos 3 wks.

Place of Death, { Give street and number. }

10 Jenkins Alley
Transition

Cause of Death, { First (Primary,) ...
Second (Immediate,) }

Duration of Last Sickness,

2 mos. 3 wks.

All the above information should be furnished by the Physician

Place of Burial, Laurel cemetery

Date of Burial, August 5th 1877

Undertaker, Wm. H. Zink Jr

Place of Business, 97 Prime Lane

Eldridge C. Price M.D.
Medical Attendant.

Address 262. Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

City of Baltimore,

Permit No. 19819

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE



CERTIFICATE OF DEATH.

Date of Death, 5 o'clock Pm Saturday Aug 3rd
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Emma Amelia Johnson
Sex, Male or Female, { Cross out the word not required in this line. } Female
Age, Years, 10 Months, Days.

Color, Sex,

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number. } N off O'Donnell St

Cause of Death, { First (Primary,) Abscess on the neck. Air in food
Second (Immediate,) This broke on the inside of the neck or in the throat
Exhaustion from excessive discharges

Duration of Last Sickness, I never seen the child since July 19th
About six weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cemetery, M. D.

Date of Burial, August 6th 1877, J. F. Richardson Medical Attendant.

{ Undertaker, H. H. Gilmer Address 28 O'Donnell St
{ Place of Business, 3rd Canton St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

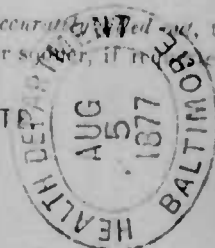
Permit No. 19820

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if required so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

CERTIFICATE OF DEATH.



Date of Death,

4th August 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Eva Maria Singer

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 44 Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Germany

Duration of Residence in the City of Baltimore,

23 years

Place of Death, { Give street and number. }

466 Chasest.

Cause of Death, { First (Primary,) Second (Immediate,) }

Phthisis

Duration of Last Sickness,

ab. 6 months

All the above information should be furnished by the Physician

Place of Burial, St. Michaels Center

Date of Burial, August 6, 1877

Matthew M. D. Medical Attendant.

Undertaker, Henry H. Cook

Place of Business, 329 Central Ave

Address 57 St. Ignace

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

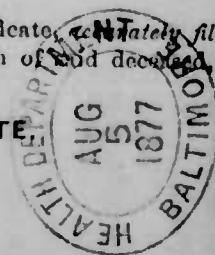
Board of Health, City of Baltimore,

Permit No. *19821*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~and~~ *carefully filled out*, to the undertaker or other person superintending the burial, within *twenty-four* hours after the death of ~~the~~ *deceased*, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE



CERTIFICATE OF DEATH.

Date of Death, *August 5th 1877.*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *George Brown.*

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *35* Years, Months, Days.

Color, *Black* Sex, *Male*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, *Laborer.*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Not known.*

Duration of Residence in the City of Baltimore, *2 years.*

Place of Death, { Give street and number. } *62 Wayne St.*

Cause of Death, { First (Primary,) Second (Immediate,) } *Bright's Disease.*

Duration of Last Sickness, *About 7 months.*

All the above information should be furnished by the Physician.

Place of Burial, *Western P. Cemetery*

Date of Burial, *Aug 5th 1877*

{ Undertaker, M. H. C. Perry Address *Call. S. Dispensary.*

{ Place of Business, *448. W. Pratt St.*

J. W. White M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 19822

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, August 3rd. 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Elizabeth Chase

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age, 23 Years, 1 Months, 29 Days.

Color, Colored

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } Married

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Balt. City

Duration of Residence in the City of Baltimore, Life, time

Place of Death, { Give street and number. } 125 S. High St.

Cause of Death, { First (Primary,) Phthisis Pulmonalis }
{ Second (Immediate,) }

Duration of Last Sickness, Two Years

All the above information should be furnished by the Physician.

Place of Burial, Laurel Green

Date of Burial, August 5

{ Undertaker, The J. Socks }

{ Place of Business, 5 E. Jefferson }

James C. Donnell M. D.
Medical Attendant.

Address 299 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 2823

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death

Full Name of Deceased

Sex

Age

Color

Married, Single, Widow or Widower

Occupation

Birthplace

Duration of Residence in the City of Baltimore

Place of Death

Cause of Death

Duration of Last Sickness

Place of Burial

Date of Burial

Undertaker

Place of Business

Write legibly and spell correctly. If an infant not named, give names of parents.

Cross out the word not required in this line.

Cross out the words not required in this line.

Cross out the words not required in this line.

Cross out the words not required in this line.

Cross out the words not required in this line.

Cross out the words not required in this line.

Cross out the words not required in this line.

Cross out the words not required in this line.

Cross out the words not required in this line.

Cross out the words not required in this line.

Cross out the words not required in this line.

Cross out the words not required in this line.

Cross out the words not required in this line.

Cross out the words not required in this line.

Cross out the words not required in this line.

Cross out the words not required in this line.

Cross out the words not required in this line.

Cross out the words not required in this line.

Cross out the words not required in this line.

Cross out the words not required in this line.

Cross out the words not required in this line.

Cross out the words not required in this line.

Cross out the words not required in this line.

Cross out the words not required in this line.

Cross out the words not required in this line.

Cross out the words not required in this line.

Cross out the words not required in this line.

Cross out the words not required in this line.

Cross out the words not required in this line.

Cross out the words not required in this line.

Cross out the words not required in this line.

Cross out the words not required in this line.

Cross out the words not required in this line.

Aug. 4th 77
John Doulan

1 Years, 6 Months, 6 Days.

White

Wilmington N. Carolina
6 weeks

149 E. Madison St.

Meningitis
4 days

Jno. Brooke Boyle M. D.
Medical Attendant

Address 166 E. Eager St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 842

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *19824*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if possible, to do, under penalty of law.



PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Aug. 5th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Michael H. V. Boyle

Sex, *Male or Female*,

{ Cross out the words not required in this line. }

Age,

Years,

2

Months,

Days

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

none

Birthplace,

{ State or country (and how long in United States, if of foreign birth.) }

Baltimore City

Duration of Residence in the City of Baltimore,

During life

Place of Death,

{ Give street and number. }

408 North High Street

Cause of Death,

{ First (Primary.) }

{ Second (Immediate.) }

Whooping Cough

Duration of Last Sickness,

About three weeks

All the above information should be furnished by the Physician.

Place of Burial,

New Cathedral Cemetery

Date of Burial,

August 6th 1877

{ Undertaker,

Henry W. Mearns

{ Place of Business,

15 N Gay St

William A. Taylor

M. D.

Medical Attendant.

Address, *Broadway & Enderby Street*

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.]

Board of Health, City of Baltimore,

Permit No. 19825

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

August 4th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Nanne M. Murphy

Sex,

~~Female~~ Male

Cross out the word not required in this line.

Age,

1877

Years,

Months,

Days.

Color,

White

Sex,

7

Married, Single, Widow, or Widower,

Single

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Ireland

Duration of Residence in the City of Baltimore,

Many Years

Place of Death,

Give street and number.

63 Cathedral Street Baltimore

Cause of Death,

First (Primary),

Heart-disease - Mitral & Aortic Valves following

Second (Immediate),

Arteriosclerosis - Diarrhoea -

Duration of Last Sickness,

Two weeks

All the above information should be furnished by the Physician.

Place of Burial,

Cath. Cem.

Date of Burial,

Aug 6th 1877

C. B. Gamble

M. D.

Medical Attendant.

Undertaker,

Jos. H. Byrne

Place of Business,

89 N. Liberty St.

Address

40 Richmond Ct.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

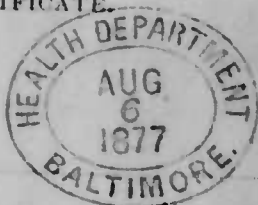
Permit No. 7826

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *Aug 5th 77*

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. *John Eisman*

Sex, *Male* ~~or Female~~, { Cross out the word not required in this line. }

Age, *6* Years, *6* Months, *—* Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Ud*

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } *3 Baker St.*

Cause of Death, { First (Primary,) Second (Immediate,) } *Marasmus*

Duration of Last Sickness, *3 mos.*

All the above information should be furnished by the Physician.

Place of Burial, *London Park Cemetery*

Date of Burial, *Aug 6th 1877*

Undertaker, *C. Wiegand*

Place of Business, *53 Guild Hill Ave*

J. Keller

M. D.

Medical Attendant.

Address *89 N. Greene St.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 1827

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, August 5th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Thomas Eddy Harlan

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 2 Years, 10 Months, 9 Days.

Color, White

Married, Single, Widowed or Widower, { Cross out the words not required in this line. } Single

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 47 Druid Hill Avenue

Cause of Death, { First (Primary.) Diphtheritic Croup
Second (Immediate.) Asphyxia }
4 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 6th August 1877

{ Undertaker, C. W. McQuinn
Place of Business, 58 Druid Hill Ave }

Address 23 N. E. Culler St

C. Winslow M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 19828

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

August 4th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Julius Caesar Johnson!

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age,

Years,

Color,

Black

Months,

14

Days.

Sex, Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Baltimore, Md

Duration of Residence in the City of Baltimore,

Entire life time

Place of Death, { Give street and number. }

2 Half Moon Alley

Cause of Death, { First (Primary,) Second (Immediate.) }

Problematical unknown

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Newbury

Date of Burial, Aug. 6th 1877

Undertaker, Wm. H. Hickman

Place of Business, 234 N. Gay St.

D. Webster Cathell M. D.
Medical Attendant.

Address 234 N. Gay St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 7829

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, Aug 4th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Shadrack Hutchings

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 21 Years, 4 Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore City

Duration of Residence in the City of Baltimore, 6 Months

Place of Death, { Give street and number. } 211 N. Durham St

Cause of Death, { First (Primary.) Pertussis
Second (Immediate.) Cholera Infantum }

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician

Place of Burial, Land Cemetery

Date of Burial, August 6

Undertaker, William S. Lingle

Place of Business, 62 East St

Address, Broadway

Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

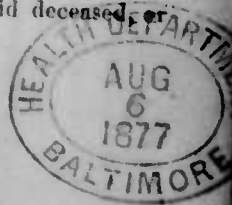
City of Baltimore,

Permit No. 19830

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, August 4th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Coal

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 45 Years, Months, Days.

Color, { Cross out the words not required in this line. } Married

Occupation, Black-Smith

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Queen Anne's County Maryland

Duration of Residence in the City of Baltimore, About 15 years

Place of Death, { Give street and number. } No 6 Chestnut Street

Cause of Death, { First (Primary,) Was unable to learn (long illness) Second (Immediate,) Think it was Encephalomalacia

Duration of Last Sickness, About a year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery A. J. Ford

M. D.

Medical Attendant.

{ Undertaker, William J. Gwynn Address 75 N. Broadway }
{ Place of Business, 62 East St }

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 1831

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 19 Years,

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth). }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary), Second (Immediate), }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, Aug 7 4th 1877

{ Undertaker, Wm James Gray }

{ Place of Business, 65 Mulberry St }

August 4th 1877
Joseph Lucas
Male
Months,



Colored
Single
Driver
Balto. City
Since birth
59 Davis St,

? Consumption
6 Months

R. C. Lee M. D.
Medical Attendant.

N. W. Co.

Address Hanover Barr Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19832

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

August 5th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Luratha Davis

Sex, Male or Female,

Cross out the word not required in this line.

Female

Age,

52

Years,

5

Months,

13

Days.

Color,

White

Sex,

Female

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Married

Occupation,

Housekeeper

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Germany

Duration of Residence in the City of Baltimore,

24

Years

Place of Death,

Give street and number.

19 Spruce Alley

Cause of Death,

First (Primary),

Second (Immediate),

Cardiac Disease

Embolism & paralysis

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Nine days

Place of Burial,

Trinity Cemetery

Date of Burial,

August 7th 1877

Undertaker,

Peter Frey

Place of Business,

91 Eastern Ave

A. Friedman

M. D.

Medical Attendant.

Address 88 W. Eutaw Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19833

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

August 4th 1877

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

James Ernest Crafton

Sex, Male or Female,

{ Cross out the words not required in this line. }

Age,

Years,

7

Months,

Days

Color,

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in United States, if of foreign birth.) }

Baltimore City

Duration of Residence in the City of Baltimore,

9 months

Place of Death,

{ Give street and number. }

No. 1000 Washington St. Eager St.

Cause of Death,

{ First (Primary.) }

{ Second (Immediate.) }

Congestion Brain
Inflammation Brain

Duration of Last Sickness,

3 weeks

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore Cemetery

Date of Burial,

Aug. 6th 1877

{ Undertaker,

Wm. Hickman

{ Place of Business,

234 N. Gay St.

Address,

Broadway

Madison St.

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

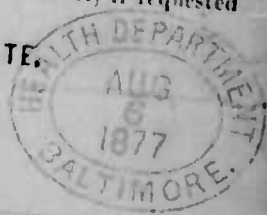
Permit No. 19834

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, August 5th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } George Dill

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 1/2 Years, 11 Months, 22 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 10 Calender Alley.

Cause of Death, { First (Primary,) Diphtheria
Second (Immediate,) Purpura

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician

Place of Burial, Balto. Cemetery

Date of Burial, August 5th

Undertaker, Joseph B Cook

Place of Business, 707 W. Balto St

H. W. Weber M. D.
Medical Attendant.

Address 320 Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 19835

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, Aug 5th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Katie M. Sanders

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, Years, 10 Months, 11 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Bookbinder

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 1411 Johnson St.

Cause of Death, { First (Primary,) Tubercular Meningitis
Second (Immediate,) }

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, Monday August 6th

{ Undertaker, Henry Sander

{ Place of Business, 212 Canton Ave

J. E. Harrington M. D.
Medical Attendant.

Address 321 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

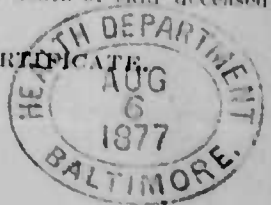
Permit No. 19836

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Aug 5th 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

George Kraft.

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age,

Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give street and number. }

Robt. Ingh. Asylum

Cause of Death, { First (Primary,) Second (Immediate,) }

Cholera Infantum
Meningitis

Duration of Last Sickness,

4 Days

All the above information should be furnished by the Physician.

Place of Burial, Feceden Park

Date of Burial, Aug 6

Undertaker, C. F. Brown

Place of Business, 201 Pen av

C. F. Brown

M. D.

Medical Attendant.

Address 241 Lincoln av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *19837*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *Aug 4 th. 1877*
 Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Mary Jarboe*
 Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }
 Age, *57* Years, Months, Days.
 Color, *white*
~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }
 Occupation, *Seamstress*
 Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore Calvert Co*
 Duration of Residence in the City of Baltimore, *25 years*
 Place of Death, { Give street and number. } *Union Prot Infirmary*
 Cause of Death, { First (Primary.) Second (Immediate.) } *Consumption*
 Duration of Last Sickness, *Six months*
All the above information should be furnished by the Physician.
 Place of Burial, *Western Cem.*
 Date of Burial, *Aug 6*
 Undertaker, *S. H. Plaz*
 Place of Business, *201 Ken*
 Address *92 Mosher St*
Chas Fawcett M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 7538

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, 19838

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Aug 5th 1877
Lat Edgar Corney

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, Eleven Months, Six Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore City

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give street and number. }

11 St. Peters St

Cause of Death, { First (Primary,) Second (Immediate,) }

Marasmus
6 mo

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, London Park Cem.

Date of Burial, August 6th 1877

{ Undertaker, Philipp J. Dill

{ Place of Business, 183 Columbia Ave

J. H. Hume

M. D.

Medical Attendant.

Address 76 S. Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 19839

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Male or Female,

Cross out the word not required in this line.

Age,

Twenty four years,

Months,

Days.

Color,

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

Cause of Death,

First (Primary),

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

Undertaker,

Place of Business,

Aug 3rd 1877
Nicholas Christopher

Leval oil Refiner

Balto Geo Med

37 years

622 N. Fayette St

spinal irritation
Bronchitis (chronic) & paralysis
Partial Paralysis

Three weeks

Ballin or Cemetery

Aug 7th 1877

Thos Geo & Co

630 Fayette St

Elias C Price

M. D.

in the absence of Dr Thayer

Address 262 Head St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 17840

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

August 5th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Cecilia Howard

Sex, Male or Female,

Cross out the word not required in this line.

Age,

Years,

3 Months,

Days.

Color,

White

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

691 Lexington St
Cholera Infantum

Cause of Death,

First (Primary),
Second (Immediate,)

Duration of Last Sickness,

Six days

All the above information should be furnished by the Physician.

Place of Burial,

Under Park

Date of Burial,

Aug 6th 1877

Undertaker,

Hughes & Co

Place of Business,

836 Fayette St

W. R. Reister

M. D.

Medical Attendant.

Address

W. R. Reister, Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 19841

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

August 5 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give name of parents.

Maria Lubbehusen

Sex, ~~Male~~ or Female,

Cross out the word not required in this line.

Age,

50

Years,

Months,

Days.

Color,

White

Sex,

~~Married~~, Single, Widow or ~~Widower~~,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

St Marys Co Md

Duration of Residence in the City of Baltimore,

40 years

Place of Death,

Give street and number.

691 W. Balto St,

Cause of Death,

First (Primary),

Chronic Rheumatism for 4 yrs

Second (Immediate),

Ulceration of Bowels

Duration of Last Sickness,

4 weeks

All the above information should be furnished by the Physician.

Place of Burial,

St Peters cemetery

Date of Burial,

Aug 7 1877

Undertaker,

J A Leach

Place of Business,

No 709 W Baltimore street

Address

558 W. Fayette St

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 19842

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age,

Years,

Months,

Days.

Color,

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary),
Second (Immediate). }

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Mount Olivet Cemetery

Date of Burial, August 6th 1877

Undertaker, J. B. Scott

Place of Business, No 707 N Baltimore Street

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 19843

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

August 5th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Emma Reynolds

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Age,

Years,

Months,

6 Wks

Days.

Color,

White

Married, Single, ~~Widow~~ or ~~Widower~~,

{ Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore
Since Birth

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

138 Battery Avenue

Cause of Death,

{ First (Primary,)
Second (Immediate,) }

Leath
Broncho-Pneumonia
About 10 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Western cemetery

Date of Burial,

August 6th 1877

Undertaker,

J B Cook

Place of Business,

No 704 W Baltimore street

W. R. McKim M. D.
Medical Attendant.

Address 582 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

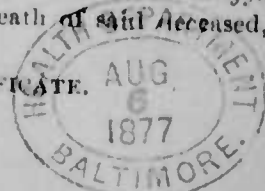
Board of Health, City of Baltimore,

Permit No. 19844

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said Deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, August 5th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jo Trefethen

Sex, Male or Female, { Cross out the words not required in this line. }

Age, 37 Years,

Months, Days

Color, White

Married, Single, ~~Widow~~ or Widower, { Cross out the words not required in this line. }

Occupation, Seaman

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Maine

Duration of Residence in the City of Baltimore, 8 days

Place of Death, { Give street and number. } Balt. Infirmary

Cause of Death, { First (Primary,) Typhoid fever
Second (Immediate,) asthenia }

Duration of Last Sickness, 24 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery

Date of Burial, 6th Augth 1877

{ Undertaker, Wm. J. Jenkins }

{ Place of Business, 16 Light St }

T. A. Ashby M. D.
Medical Attendant.

Address, Univ. Hospital

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 1845

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, August 4th 1877
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } L Oliver Brenan

Sex, Male or Female, { Cross out the word not required in this line. }
Age, Twenty Years, Months, Days.
Color, White

Married, Single, Widower or Widowed, { Cross out the words not required in this line. }

Occupation, Clerk

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore, all his life

Place of Death, { Give street and number. } 2141 N. Calvert St.

Cause of Death, { First (Primary,) Typhoid Fever
Second (Immediate,) Hemorrhage of Bowels }

Duration of Last Sickness, About two weeks

All the above information should be furnished by the Physician.

Place of Burial, Catholic Cemetery
Date of Burial, 7th Aug 1877
Medical Attendant, J. H. P. M. D.

{ Undertaker, J. W. Jenkins & Son
Place of Business, 16 Light St. } Address 2114 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 19846

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, Aug 5th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Saml J. Day

Sex, Male or Female, { Cross out the words not required in this line. }

Age, _____ Years, 10 Months, _____ Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Balto Md

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 420. S. Charles St

Cause of Death, { First (Primary,) } Feeding
{ Second (Immediate,) }

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemetery

Date of Burial, Aug 6th 1877

Father, Benj Day

Undertaker, Benj Day

Place of Business, 420 S. Charles St

Address, Comm of Health
Registrar

James A. Stewart M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Benj Day the Father

[OVER.]

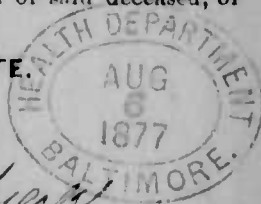
Permit No. 19847

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Minna Baer Aug 5 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Minna Baer

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, Eleven

Years,

Months,

Days.

Color, white

Sex,

female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Russia

Duration of Residence in the City of Baltimore,

Six Years

Place of Death, { Give street and number. }

863 W Balli Street

Cause of Death, { First (Primary,) Second (Immediate,) }

Dysentery

Asphyxia + Collapse
Five days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Cemetery of Eden Street

Eden Street

Date of Burial, Aug 6

Undertaker, M Goldsmith

Place of Business, 4 Eden St

Address

W. S. Rickwood

M. D.

Medical Attendant.

88 N. Cedar Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 19848

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents }

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years,

Color,

4 Months,

13

Days.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary.)
Second (Immediate.) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Aug 6 1877

Undertaker, C. F. Krause

Place of Business, 209 Hanover

Address

A. W. Dodge M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

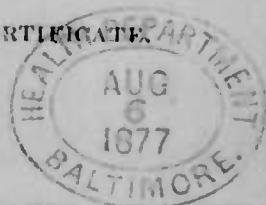
Permit No. 17849

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

August 5th

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Ann. E. Ohenschall

Sex, ~~Male~~ or Female,

Cross out the word not required in this line.

Age,

Years,

9

Months,

7

Days.

Color,

White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

to 239 Hanover st

Cause of Death,

First (Primary.)

Second (Immediate.)

Marasmus

Duration of Last Sickness,

3 months

All the above information should be furnished by the Physician

Place of Burial,

Mount Olivet

Date of Burial,

Aug 6 - 77

Undertaker,

C. F. Krause

Place of Business,

209 Hanover

L. C. Purck

M. D.

Medical Attendant.

Address

151 Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 17050

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

August 5 - 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Charlotte A. Trizzel

Sex, Male or Female,

{Cross out the word not required in this line.}

Age,

30

Years,

Months,

Days.

Color,

white

Married, Single, Widow or Widower,

{Cross out the words not required in this line.}

Occupation,

Manua Makes

Birthplace,

{State or country (and how long in the United States, if of foreign birth.)}

Canoe Co Ind

Duration of Residence in the City of Baltimore,

1 year

Place of Death,

{Give street and number.}

379 Pa Avenue

Cause of Death,

{First (Primary.)}

Gastro Enteritis

{Second (Immediate.)}

Transition

Duration of Last Sickness,

3 weeks

All the above information should be furnished by the Physician.

Place of Burial,

Holy Chapel.

Date of Burial,

Aug 6 - 77

Undertaker,

James Selby

Place of Business,

Elkridge Court

Address

23 M. Guller St

C. H. Wistow

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Special Permit issued by Dr. Stewart

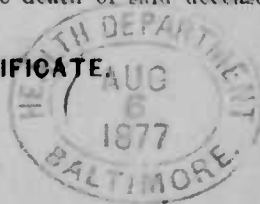
[OVER.]

Permit No. 19857

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, Aug 4/77
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Nellie Gilbert.
Sex, ~~Male~~ Female, { Cross out the word not required in this line. } Female
Age, Years, 8 Months, 18 Days.
Color, White Sex, Female
~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }
Occupation,
Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore Md.
Duration of Residence in the City of Baltimore, Lifetime
Place of Death, { Give street and number. } 286 Pennsylvania Av.
Cause of Death, { First (Primary,) Marasmus,
Second (Immediate,) Inanition.
Duration of Last Sickness, Since born
All the above information should be furnished by the Physician.
Place of Burial, Hearns Ter Ind
Date of Burial, Aug 5th 1877
Undertaker, Chalmers
Place of Business, 238 Pennsylvania
H. R. Letterhaff M. D.
Medical Attendant.
Address 77 George St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special permit issued by Dr. Stewart

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19852

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, Aug 5th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Alverda Brooks

Sex, ~~Male~~ Female, { Cross out the words not required in this line. }

Age, _____ Years, 2 Months, _____ Days

Color, Colored

Married, Single, Widowed or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Balto Md

Duration of Residence in the City of Baltimore, life

Place of Death, { Give street and number. } 148. N. B. St

Cause of Death, { First (Primary,) } Whooping Cough

{ Second (Immediate,) }

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Aug 6th 1877

{ Undertaker, W. H. Bishop Jr } Address, Commissioner of Health & Registrar

{ Place of Business, Cor Pop & Biddle Ave }

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

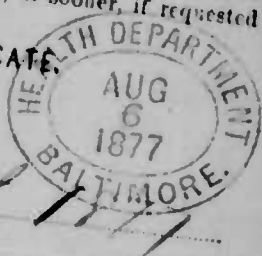
Information by Father Geo. A. Brooks

Permit No. 19853

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, Saturday August 4th 1877
Full Name of Deceased, Lewis Young
Sex, Male or Female, Female
Age, 38 Years, 7 Months, Days.
Color, Black

Married, Single, Widow or Widower, Single
Occupation, Laundry Girl

Birthplace, Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, #1 Mc Allister Court

Cause of Death, Phthisis

Duration of Last Sickness, Several months

All the above information should be furnished by the Physician

Place of Burial, Eastern P. Cemetery

Date of Burial, Aug 6th 1877

Undertaker, Chas. S. Strupp

Place of Business, Pratt & Chester St

Address 25 1/2 Greenmount Ave
W. Limer Bristol M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 19854

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, August 1, 1877

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. James Albert Mason

Sex, Male or Female, (Cross out the word not required in this line.)

Age, 1 Years, 2 Months, — Days.

Color, Black

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, (Cross out the words not required in this line.)

Occupation, —

Birthplace, State or country (and how long in the United States, if of foreign birth.) Eastern Shore of Virginia

Duration of Residence in the City of Baltimore, 3 Months

Place of Death, Give street and number. 48 Welcome St

Cause of Death, First (Primary), Second (Immediate), Cholera Infantum

Duration of Last Sickness, 4 or 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, Shades Cemetery

Date of Burial, Aug 6th 1877

Undertaker, Jaest Davis

Place of Business, 103 Lee St

Geo. W. Benson M. D.
Medical Attendant.

Address 144 Hanover St
City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19855

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

August 4th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Henry Schopen

Sex, Male or Female,

Cross out the words not required in this line.

Age,

Fifty Six

Years,

Color,

White

Months,

Days

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Police Officer

Birthplace,

State or country (and how long in United States, if of foreign birth.)

Baltimore City

Duration of Residence in the City of Baltimore,

During life

Place of Death,

Give street and number.

347 East Monument Street

Cause of Death,

First (Primary.)

Extraordinary excitement over work whilst on duty

Second (Immediate.)

Apoplexy

Duration of Last Sickness,

About 6 days

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore Cemetery

Date of Burial,

Aug 7/77

Undertaker,

Fry & Co

Place of Business,

54 N Broadway

William A. Taylor

M. D.

Medical Attendant.

Address, Broadway & Elderly Street

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 19856

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

August 5th 3 A.M. 1879

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Bessie E. A. Bailey

Sex, ~~Male~~ or Female,

Cross out the word not required in this line.

Female

Age,

Years,

23

Months,

27

Days.

Color,

White

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore, Md.

Duration of Residence in the City of Baltimore,

Life time

Place of Death,

Give street and number.

39 S. Washington Street

Cause of Death,

First (Primary),

Whooping Cough

Second (Immediate),

Starvation

Duration of Last Sickness,

3 Weeks

All the above information should be furnished by the Physician.

Place of Burial,

Greenmount Cemetery

Date of Burial,

Aug 6th 1879

Undertaker,

W. E. Dwyer

Place of Business,

74 S. Broad St.

Address

299 E. Baltimore St.

James C. Drennon M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

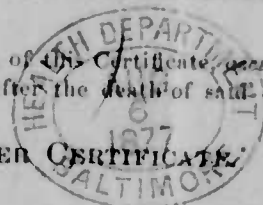
SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *August 5th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Mary Augusta Benton*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *37* Years, _____ Months, _____ Days.

Color, *White*

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, *Mother of a family*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore City*

Duration of Residence in the City of Baltimore, *All her life*

Place of Death, { Give street and number. } *70 Church St (between William St & the Hill)*

Cause of Death, { First (Primary,) Second (Immediate,) } *Phthisis Pulmonalis & Albumen*

Duration of Last Sickness, *About 3 years*

All the above information should be furnished by the Physician.

Place of Burial, *Mount Olivet cemetery*

Date of Burial, *Aug. 6th 1877* *Rich H. Thomas* M. D. Medical Attendant.

{ Undertaker, *Charles F. Heindel* Address *Residence 238 Madison St.*

{ Place of Business, *612 E. Avenue* Office *137 N. Charles St.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 858

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *Aug 5 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Athanasius Jinkand*

Sex, *Male or Female*, { Cross out the word not required in this line. }

Age, *21 Years,* *3 Months,* *8 Days.*

Color, *W*

Married, *Single, Widow or Widower*, { Cross out the words not required in this line. }

Occupation, *Cooper*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Germans*

Duration of Residence in the City of Baltimore, *5 years.*

Place of Death, { Give street and number. } *84 Battery Avenue*

Cause of Death, { First (Primary,) Second (Immediate,) } *Typhoid fever*

Duration of Last Sickness, *15 days*

All the above information should be furnished by the Physician.

Place of Burial, *St. Alphonsus Cemetery.*

Date of Burial, *5 August.*

{ Undertaker, *B. Harle.* Address *154 South*

{ Place of Business, *411 Light St.*

D. J. M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

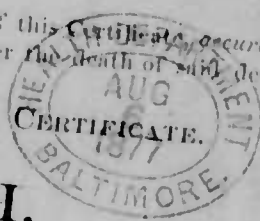
[OVER.]

Permit No. 9.859

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, 19859

Aug 4 1877
Mary Miller
Aka

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years,

Months, 10 Days.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

White

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

11 Pratt St City

Place of Death, { Give street and number. }

10 days
698 W Pratt St

Cause of Death, { First (Primary,) Second (Immediate,) }

Stroke
Spasms

Duration of Last Sickness,

All the above information should be furnished by the Physician.

a few days

Place of Burial, W Suber Cemetery

Date of Burial, August 4

Undertaker, M H C Perry

Funeral Entertainers

M. D.

Place of Business, 448 W Pratt St Address 698

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

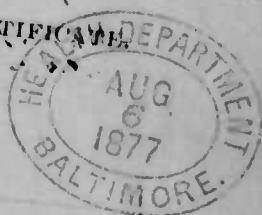
Permit No. 860

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, Aug 5th 1877
Full Name of Deceased, Henry Weil
Sex, Male or Female, Male
Age, 14 Months
Color, White
Married, Single, Widow or Widower, Single
Occupation, Days.

Birthplace, Baltimore City, Md.
Duration of Residence in the City of Baltimore, Since Birth
Place of Death, 57 Cambridge St.
Cause of Death, Cholera Infantum
Duration of Last Sickness, 2 days

Place of Burial, Mt Carmel Cemetery
Date of Burial, Aug 6th 1877
Undertaker, John H. Reiburger M.D.
Place of Business, 269 Canton Ave Address 243 Alice Anna St. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

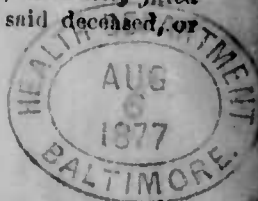
[OVER.]

Permit No. 19861

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, Aug 3rd 77

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } George Canphor

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 45 Years, Months, Days.

Color, colored

Married, Single, Widower or Widower, { Cross out the words not required in this line. }

Occupation, Stevedore

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Cambridge Md

Duration of Residence in the City of Baltimore, 7 years

Place of Death, { Give street and number. } Frederick Street Dock opposite 58 Buchanan's Wharf

Cause of Death, { First (Primary,) Accidental
Second (Immediate,) Drowning

Duration of Last Sickness, Sudden death

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Aug 5 77

Undertaker, J. H. Thomas

Place of Business, 488 Howard St Address Corner M. P. D.

Edmund R. Walper M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

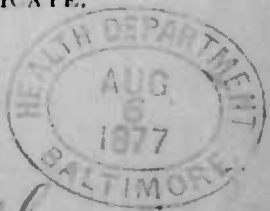
862

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, August 3d 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Thomas S Mitchell

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Sixty Years, Months, Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, Occupation

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Dochester Co. Maryland

Duration of Residence in the City of Baltimore, Thirty five years

Place of Death, { Give street and number. } No 276 S. Howard St

Cause of Death, { First (Primary,) Emphysema
Second (Immediate,) Hydrothorax & congestion

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, Aug 6, 77

{ Undertaker, S. H. Chase
Place of Business, 188 S. Howard St

J. D. Byer M. D.
Medical Attendant.
No 146 Hall St
Baltimore Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19863

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

August 8th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Robert Webb

Sex, Male or Female, { Cross out the words not required in this line. }

Male

Age, 26 Years,

7

Months,

Days

Color,

Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Married

Occupation,

Writer

Birthplace, { State or country (and how long in United States, if of foreign birth.) }

Franklin Co Virginia

Duration of Residence in the City of Baltimore,

3 1/2 years

Place of Death, { Give street and number. }

No 1. Arch St

Cause of Death, { First (Primary.) Second (Immediate.) }

Decomposition of joint & pleurisy

Rhthm Pulmonalis

Duration of Last Sickness,

3 years

All the above information should be furnished by the Physician.

Place of Burial,

Laurel Cemetery

Date of Burial,

Aug 6 77

{ Undertaker,

W. Chase

{ Place of Business,

148 N. Howard St

Address,

150 N. Greene St

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 19864

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, August 5th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Alfred James

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 41 Years, Months, Days.

Color, White

Married, Single, Widowed, or Widower, { Cross out the words not required in this line. } Single

Occupation, Farmer

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Kent County, Ind.

Duration of Residence in the City of Baltimore, Dashington Hospital

Place of Death, { Give street and number. } Home

Cause of Death, { First (Primary,) Hemia - Second (Immediate,) Septicemia -

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Kent Co Ind

Date of Burial, Aug 6 1877

{ Undertaker, C. B. Kruse } Address, Lanvale St Park Av.

{ Place of Business, } M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 8244

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *19865*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *August 8 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Virginia Ried*

Sex, Male or Female, { Cross out the word not required in this line. } *Female*

Age, *8* Years, *8* Months, *13* Days.

Color, *Black*

Married, Single, Widow or Widower, { Cross out the word not required in this line. } *Single*

Occupation, *—*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore City*

Duration of Residence in the City of Baltimore, *Since Birth*

Place of Death, { Give street and number. } *No 8. Diamond St*

Cause of Death, { First (Primary,) Second (Immediate,) } *Pneumonia Pulmonalis*

Duration of Last Sickness, *Since Birth*

All the above information should be furnished by the Physician

Place of Burial, *Swivel Cemetery*

Date of Burial, *Sept 7 1877* *W. D. Searcy* M. D. Medical Attendant.

Undertaker, *P. M. Chase*

Place of Business, *Howan St Baltimore Md* Address *183 N. Fayette St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 19866

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Aug 5th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Not named (Baby of J. H. Childs)

Sex, Male or Female, { Cross out the word not required in this line. }

Female.

Age,

Years,

3

Months,

Days.

Color,

Colored

Sex,

Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

78 Chestnut St.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate.) }

Cholera Infantum

Duration of Last Sickness,

All the above information should be furnished by the Physician.

5 days

Place of Burial,

Laurel cemetery

Date of Burial,

Aug 7th

{ Undertaker,

J. C. Jordan

Address

{ Place of Business,

63 Park Ave.

J. D. Booker M. D.

Medical Attendant.

187 Madison St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

867
OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

August 6th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents.

Augustus Beaugard Slane

Sex, Male or Female, { Cross out the word not required in this line.

Male

Age,

1 Years,

5 Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line.

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.)

Balto. City Md.

Duration of Residence in the City of Baltimore,

Since birth

Place of Death, { Give street and number.

5 Church St.

Cause of Death, { First (Primary,) Second (Immediate,)

Accidentally
Scalded
12 hours

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

St. Peter's Cemetery

Date of Burial,

Aug 7th 1877

{ Undertaker,

Wm. H. Denny

{ Place of Business,

263 Light St.

M. W. Cox

Address W. H. Denny & Co.

R. C. Lee M. D.

Calvin S. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

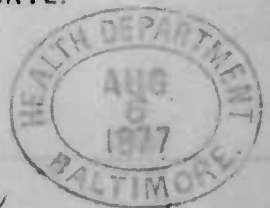
Permit No. 19868

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Aug. 6th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Catharine A. Maguire

Sex, ~~Male~~ or Female,

Cross out the word not required in this line.

Age,

5

Years,

7

Months,

18

Days.

Color,

White

Sex,

Female

~~Married~~, Single, ~~Widow~~ or ~~Widower~~,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore, Md.

Duration of Residence in the City of Baltimore,

5 yrs.

7 mos.

18 days

Place of Death,

Give street and number.

194. Beech. St.

Cause of Death,

First (Primary),

Diphtheria

Second (Immediate),

Poisoning

Duration of Last Sickness,

2 days

All the above information should be furnished by the Physician.

Place of Burial,

Balt Cemetery

Date of Burial,

Aug 7 1877

W. B. O'Reilly

M. D.

Medical Attendant.

Undertaker,

Fry & Roth

Place of Business,

54 of Broadway

Address

235. N. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

August 6th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Georgina Grubb

Sex, ~~Male~~ or Female,

Cross out the word not required in this line.

Female

Age,

One

Years,

One

Months,

Fourteen

Days.

Color,

White

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore Md.

Duration of Residence in the City of Baltimore,

Since Birth

Place of Death,

Give street and number.

No. 1 Mc Cubbin St.

Cause of Death,

First (Primary),

Second (Immediate),

Convulsions

Duration of Last Sickness,

One week

All the above information should be furnished by the Physician.

Place of Burial,

Greenmount Cemetery

Date of Burial,

Aug 7th 77

Undertaker,

Row & Bartlett

Place of Business,

No 102 N. Broadway

Address

No. 102 N. Broadway

Wm. H. Glendinen, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

870

his Certificate, accurate
the death of said decedent

1877
FICAT

Aug 5th 1877
 used, { Write legibly and spell
 correctly. If an Infant
 not named, give names
 of parents. } Mr Knight

Wm. of Widoicer, {re
Lubben

Labores

Baltimore City—

79 years

132 W. Spring 18

Cystitis
Chronic Cystitis
Prostatitis

Branches

Laurel Chem

Laurel Bern

Aug 1877

Theo G. Locks

H. L. Russell M. D.
Medical Attendant.

Address *Franklin*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

•

Permit No. 7871.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, August 4th 1877
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Lebbie E. Inness
Sex, Male or Female, { Cross out the word not required in this line. } Female
Age, 89 Years, Months, Days.
Color, Colored Sex, Female
Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number. }

135 N. Dallas St

Cause of Death, { First (Primary,) Second (Immediate,) }

old age heart disease
diarrhoea

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, New Asbury Cem

Date of Burial, Aug 6 1877

John S. Lynch M. D.
Medical Attendant.

{ Undertaker, Theo G. Locks

{ Place of Business, 56 Jefferson

Address S.E. Cor. Broadway & Pratt,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *19872*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

6th. August 1877

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

John P. Smith

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

48 Years,

Months,

Days.

Color,

white.

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

working man

Birthplace,

{ State or country (and how long in the United States, if of foreign birth. }

Germany

Duration of Residence in the City of Baltimore,

21 years

Place of Death,

{ Give street and number. }

1212 Pennsylvania St. Phthisis

Cause of Death,

{ First (Primary), Second (Immediate), }

Typhus

Duration of Last Sickness,

ab. 4 weeks

All the above information should be furnished by the Physician

Place of Burial,

St. Alphonsus Cemetery

Date of Burial,

August 7th.

C. W. Hoffman M. D.
Medical Attendant.

Undertaker,

Hendelin Lippel

Place of Business,

South Bond St. 157

Address

57 Arguith

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19873.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE



CERTIFICATE OF DEATH.

Date of Death, August 6th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Clotilda Wilson

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 2 Years, 6 Months, Days.

Color, White Sex, Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 198 Chesnut St.

Cause of Death, { First (Primary,) Hooping Cough
Second (Immediate,) Acute Bronchitis (probably Tuberculous)

Duration of Last Sickness, Seven Weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peter Cemetery

Date of Burial, August 7 1877

{ Undertaker, James W. Byrne
Place of Business, 663 N. Front St

Address 125 N. Charles

Eugene F. Cordell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 1874
OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, August 5th 1877.
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary E. Spriggs
Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }
Age, Years, 3. Months, 5. Days.
Color, Colored
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation,
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Balt^a City.
Duration of Residence in the City of Baltimore,
Place of Death, { Give street and number. } # 49. Dover St.
Cause of Death, { First (Primary,) Cholera Infantum
Second (Immediate,) "
Duration of Last Sickness, 4 weeks
All the above information should be furnished by the Physician.
Place of Burial, Sharp & Cemetery } Dr. A. Bell M. D.
Date of Burial, July 7 } Medical Attendant.
{ Undertaker, B. Davis } Address 161 S. Sharp St.
{ Place of Business, 103 Lee St. }

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, ~~Male~~ or Female,

Cross out the word not required in this line.

Age,

22

Years,

Months,

Days.

Color,

White

Married, Single, ~~Widow~~ or ~~Widower~~,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

Cause of Death,

First (Primary.)
Second (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

Undertaker,

Place of Business,

John F. Harmon M. D.
Medical Attendant.

Address, 57 N. Calvert St.
Asquith, D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *19.876*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *August 6th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Senora B. Tibbals*

Sex, *Male or Female*, { Cross out the word not required in this line. }

Age, *27* Years, *10* Months, *6* Days.

Color, *white*

Married, *Single, Widow or Widower*, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Maryland*

Duration of Residence in the City of Baltimore, *about 12 years*

Place of Death, { Give street and number. } *228 Pine St*

Cause of Death, { First (Primary.) Second (Immediate.) } *Cold catarrh Pulmonary Consumption*

Duration of Last Sickness, *one year*

All the above information should be furnished by the Physician

Place of Burial, *London Park cemetery*

Date of Burial, *Aug 8th 1877*

{ Undertaker, *J. H. Cook*

{ Place of Business, *107 N. Baltimore St*

M. D. Hammond M. D.
Medical Attendant.

Address *53 N. Paca St*
Balt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *Aug 6. 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Brick James Collins*

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *7* Years, *2* Months, *25* Days.

Color, *W*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Single*

Occupation, *None*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *N. Y. Albany*

Duration of Residence in the City of Baltimore, *7* Years, *11* Months, *25* Days

Place of Death, { Give street and number. } *N. Y. Albany*

Cause of Death, { First (Primary,) Second (Immediate,) } *Marasmus*

Duration of Last Sickness, *1* Month

All the above information should be furnished by the Physician.

Place of Burial, *Baltimore Cemetery*

Date of Burial, *July 24 1877*

Undertaker, *Wm. Byrnes*

Place of Business, *63 Front St.*

Address, *13 Franklin St.*

J. H. Hutton M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

City of Baltimore, City of Baltimore,

Permit No. 19878,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested to do so, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, August 6 1877
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Etta Black
Sex, Male or Female, { Cross out the word not required in this line. } Female
Age, 23 Years, 5 Months, 10 Days.
Color, White
Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married
Occupation, _____
Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto. Md
Duration of Residence in the City of Baltimore, all her life
Place of Death, { Give street and number } 100 Columbia Ave
Cause of Death, { First (Primary.) Second (Immediate.) } Pneumonia
Diarrhoeal
Duration of Last Sickness, seven months
All the above information should be furnished by the Physician
Place of Burial, Landon Park Cem.
Date of Burial, August 8th 1877
Undertaker, Phil. J. Dell
Place of Business, 183 Columbia Ave
Address 55 N. Green St.
M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

879,
OFFICE OF REGISTRAR OF VITAL STATISTICS.

The person who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *August 6th 1877*
 Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *George Thomas Shute Jackson.*
 Sex, Male or Female, { Cross out the word not required in this line. }
 Age, *1* Year, *2* Month, *3* Days.
 Color, *White.*
 Married, Single, Widowed or Widower, { Cross out the words not required in this line. }
 Occupation, *—*
 Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore.*
 Duration of Residence in the City of Baltimore, *Lifetime.*
 Place of Death, { Give street and number. } *No 280 Franklin St.*
 Cause of Death, { First (Primary.) Second (Immediate.) } *Cholera Infantum.*
Marasmus.
 Duration of Last Sickness, *1 1/2 months.*
All the above information should be furnished by the Physician.
 Place of Burial, *Annapondal Co.*
 Date of Burial, *8th of August* *L. C. Horn* M. D. Medical Attendant.
 Undertaker, *Peter Kummert*
 Place of Business, *317. Mulberry St.* Address *No 226. Mulberry St.*
per G. W. M.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death except in cases of births and deaths of illegitimate children.

[OVER.]

Transit 82457

880

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, Aug. 6th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Blanche V. Burnett*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 10 Years, 4 Months, Days.

Color, white

~~Married, Single, Widow or Widower,~~ { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Virginia*

Duration of Residence in the City of Baltimore, 10 yrs

Place of Death, { Give street and number. } 45 D. Eden st.

Cause of Death, { First (Primary,) Second (Immediate,) } *Diphtheria*

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, *Balto Cemetery*

Date of Burial, *Aug 7th 1877*

{ Undertaker, *Hughes & Co*

{ Place of Business, *65 D. Broadway*

R. W. Mansfield M. D.
Medical Attendant.

Address *117 D. Broadway*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the City of Baltimore, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under their notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 19881

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, August 5th 1877
 Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Fredrick Theimyer
 Sex, Male or Female, { Cross out the word not required in this line. } Male
 Age, 10 Years, 3 Months, Days.
 Color, white Sex, male
 Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single
 Occupation,
 Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore
 Duration of Residence in the City of Baltimore, 10 yrs 3 mos
 Place of Death, { Give street and number. } 169 George St.
 Cause of Death, { First (Primary,) Second (Immediate,) } Cyanic Maligra
 Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Druid Hill Cemetery
 Date of Burial, August 7th 1877
 { Undertaker, Adam Weillameyer Address 819 Lawrence St.
 { Place of Business, 5182 W. Baltimore St.

Dr. C. J. Benzinger M. D.
 Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

9882,
OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

July 6th, 1877
Edgar Glendinen Bay

Sex, Male or ~~Female~~,

Cross out the word not required in this line.

Male

Age,

Four

Years,

One

Month,

Eighteen

Days.

Color,

White

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore, Md.

Duration of Residence in the City of Baltimore,

Since Birth

Place of Death,

Give street and number.

No. 34 5 N. Bond Street

Cause of Death,

First (Primary),
Second (Immediate),

Enteritis

Duration of Last Sickness,

Three days

All the above information should be furnished by the Physician.

Place of Burial,

Balti. Cen

Date of Burial,

Aug 8

Wm. H. Glendinen, M. D.
Medical Attendant.

Undertaker,

Mr. Fry & Bro

Place of Business,

Broadway & 2nd St

Address No. 102 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

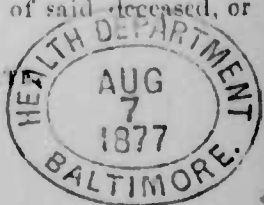
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9883,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, Aug 6th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Thomas Henry

Sex, Male ~~Female~~ { Cross out the words not required in this line. }

Age, Years 4 Months, Days

Color, Col'd

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Balto City

Duration of Residence in the City of Baltimore, 5 yrs

Place of Death, { Give street and number. } 5 Stockholm St

Cause of Death, { First (Primary,) Second (Immediate,) } Chol Infantum

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, Aug 7th 1877

{ Undertaker, W. H. Dunger } Address, Commis of Health

{ Place of Business, East St } Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

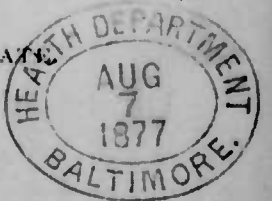
SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by W. H. Dunger Undertaker

1884
OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

August 5th 1877

Full Name of Deceased,

Dr. Henry Barnum

Sex, Male or Female,

~~Female~~

Age,

Years,

4.

Months,

11

Days.

Color,

White

Married, Single, Widow or Widower,

~~Widow~~

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

208 Light St

Duration of Residence in the City of Baltimore,

Life

Place of Death,

{ Give street and number.

208 Light St

Cause of Death,

{ First (Primary),
Second (Immediate),

Cholera Infantum

Duration of Last Sickness,

3 weeks

All the above information should be furnished by the Physician.

Place of Burial,

New Cathedral

Date of Burial,

4th Aug. 1877

Undertaker,

A. L. Lister

Place of Business,

118 Dundell St

Address

147 Kanover St

City

Geo. H. Down M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit

9885

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Aug 6th 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

John Williams

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

1

Years,

7

Months,

Color,

Black

Sex,

male

Days.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Balt.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Nº 4 Wright's al. -
Cholera Infantum

Cause of Death, { First (Primary),
Second (Immediate), }

Duration of Last Sickness,

Three weeks

All the above information should be furnished by the Physician.

Place of Burial, M. Pub Cemetery

Date of Burial, Aug 7 1877

S. H. Anderson.

M. D.

Medical Attendant

Undertaker, M. H. C. Perry

Place of Business, 448 N. Pratt

Address Cor Franklin & Pine St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

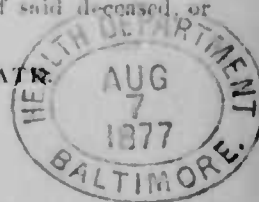
SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

86
OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, Aug 7th 1877
 Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Annie B. Myer
 Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }
 Age, 3 4 Years, 7 Months, 1 2 Days.
 Color, White
 Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }
 Occupation,
 Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Germany
 Duration of Residence in the City of Baltimore, 27 Years
 Place of Death, { Give street and number. } 45 Walker St.
 Cause of Death, { First (Primary,) Second (Immediate,) } Typhoid Fever
 Duration of Last Sickness, 11 days
 All the above information shall be furnished by the Physician.
 Place of Burial, Baltimore Cemetery
 Date of Burial, August 8th 1877
 { Undertaker, Phil B. Dill Address 76 Stacast St.
 { Place of Business, 183 Columbia Ave

L. H. Gurney M. D.
 Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

7

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit

9887

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, August 6th 1877
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Samuel Haily
Sex, Male or Female, { Cross out the word not required in this line. } Male
Age, 29 Years, 11 Months, 9 Days.
Color, White Sex,
Married, Single, Widowed or Widower, { Cross out the words not required in this line. } Married
Occupation, Carpenter
Birthplace, { State or country (and how long in the United States, if of foreign birth. } Salisbury, Md
Duration of Residence in the City of Baltimore, Nine Years
Place of Death, { Give street and number. } 67 Enson Street
Cause of Death, { First (Primary,) Heart Disease
{ Second (Immediate,)
Duration of Last Sickness, Five Weeks
All the above information should be furnished by the Physician.
Place of Burial, Western Cemetery
Date of Burial, Aug 7th
Undertaker, Geo. A. Hilling Address 129 E. Baltimore St
Place of Business, 129 E. Baltimore St
M. D. J. E. Parks
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit 9888

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Aug 5th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Mr John Patterson

Sex, Male ~~Female~~,

Cross out the words not required in this line.

Age,

Years,

Four

Months,

20

Days

Color,

Black

~~Married~~, Single, ~~Widow~~ or ~~Widower~~,

Cross out the words not required in this line.

Occupation,

Birthplace,

{ State or country (and how long in United States, if of foreign birth.) }

Balt

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give street and number. }

57 Breckard St Balt

Cause of Death,

{ First (Primary), }

Second (Immediate), }

Cholera Infantum

Duration of Last Sickness,

1 month

All the above information should be furnished by the Physician.

Place of Burial,

Mount Vernon

Date of Burial,

Aug 10th 1877

Undertaker,

J. C. Jordan

Place of Business,

215 Park Ave

W. F. Rosp

M. D.

Medical Attendant.

Address,

214 N Howard St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Aug 6th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents }

Michael Warner

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 35 Years, 2 Months, 11 Days.

Color, white

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Broom maker

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Germany

Duration of Residence in the City of Baltimore,

30 yrs

Place of Death, { Give street and number. }

299 N Dallas St

Cause of Death, { First (Primary,) Second (Immediate,) }

Phthisis

Exhaustion

Duration of Last Sickness,

3 yrs

All the above information should be furnished by the Physician.

Place of Burial,

St. Thomas Church

Date of Burial,

August 7th 1877

{ Undertaker,

Henry Tyack

{ Place of Business,

209 Central Ave

J. A. Warner

M. D.

Medical Attendant.

Address

256 N Dulan St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The person who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, About 77 Years,

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Peter's Cem.

Date of Burial, Aug 8 1877

{ Undertaker, J. W. C. & Son

{ Place of Business, 600 Light St.

August 7 1877
Mary Simmett
Female

— Months, — Days.

White

Widow

None

Ireland

22 years

600 Light St.,

Old Age

Natural Causes

P. C. Lee M. D.

Coroner S. D.

N. W. C.

Address Harmon & Barre Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

9891

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

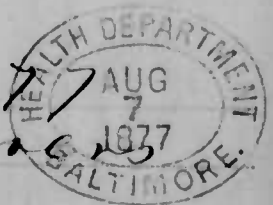
CERTIFICATE OF DEATH.

Date of Death,

August 7, 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Charles Francis



Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years,

16

Months,

13

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

195 Montgomery
Cholera Infantum

Cause of Death, { First (Primary),
Second (Immediate), }

Duration of Last Sickness,

one week

All the above information should be furnished by the Physician.

Place of Burial,

Petersburg Va

Date of Burial,

Aug 8, 1877

J. W. Webster M. D.
Medical Attendant.

{ Undertaker,

Armstrong & Denny

{ Place of Business,

263 Light St

Address

57 Buresh

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(Transit 846)

[OVER.]

City of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 198921

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Aug 6 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Mary Wheeler

Sex, ~~Male~~ or Female, { Cross out the words not required in this line. }

Age,

1 Year,

11 Months,

Days

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) }

Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

21 Winton St.

Cause of Death, { First (Primary,) Second (Immediate,) }

Cholera Infantum
Two weeks.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 7

{ Undertaker, Wheeler & Sons

{ Place of Business, 180 West St

R. J. H. Tall M.D.
Medical Attendant.

Address, 152 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

City of Baltimore,

Permit No. *19893*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

CERTIFICATE OF DEATH.



Date of Death, *7th August 1877*

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. *John Frederick Anderson*

Sex, Male or Female, Cross out the word not required in this line.

Age, *3* Years, *3* Months, *2* Days.

Color, *white* Sex, *male*

Married, Single, Widow or Widower, Cross out the words not required in this line.

Occupation,

Birthplace, State or country (and how long in the United States, if of foreign birth.) *Baltimore Md.*

Duration of Residence in the City of Baltimore, *since birth*

Place of Death, Give street and number. *87 3/4 Cambridge St.*

Cause of Death, First (Primary), Second (Immediate), *Summer complaint*

Duration of Last Sickness, *three months*

All the above information should be furnished by the Physician.

Place of Burial, *Ammanets Cemetery*

Date of Burial, *August 8th* *Dr. Robert Arthur* M. D. Medical Attendant.

Undertaker, *F. Gaede*

Place of Business, *No. 24 S. Caroline St.* Address *42 N. Broadway*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

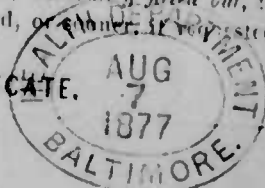
OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. *198941*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or ~~within~~ *as requested* to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *August 7. 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Mary Ann Lawrence*

Sex, Male or Female, { Cross out the word not required in this line. } *Female*

Age, *20* Years, *11* Months, *25* Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the word not required in this line. } *Single*

Occupation, *At Service*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *York Pennsylvania*

Duration of Residence in the City of Baltimore, *Four months*

Place of Death, { Give street and number. } *Corner Lexington & Myrtle Avenues*

Cause of Death, { First (Primary.) Second (Immediate.) } *Typhoid Fever*

Duration of Last Sickness, *Exhaustion*

All the above information should be furnished by the Physician

Place of Burial, *York Pa*

Date of Burial, *August 7th*

Undertaker, *Jos Lowe & Sons*

Place of Business, *308 W Balto St* Address *55 N Queen St*

M. D. Kemp M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and death of illegitimate children.

(Transit 847)

[OVER.]

Board of Health, City of Baltimore,

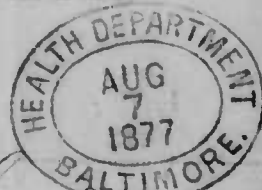
Permit No. 198957

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, Aug 7th 1877
 Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James McPherson
 Sex, Male or Female, { Cross out the word not required in this line. } Male
 Age, 1 Year, 4 Months, Days.
 Color, White

~~Married, Single, Widow or Widower,~~ { Cross out the words not required in this line. }

Occupation

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Louise Co Pennsylvania
 Duration of Residence in the City of Baltimore, About 3 Months
 Place of Death, { Give street and number. } 172 N Front Street
 Cause of Death, { First (Primary,) } Cholera Infantum
 { Second (Immediate,) }
 Duration of Last Sickness, about 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Peters
 Date of Burial, Aug 6th
 { Undertaker, John A. Battelle }
 { Place of Business, 100 N. Gay St }
 Address, 127 St Paul St
 T. J. Ward M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

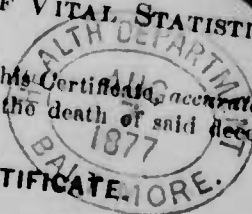
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19896

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, August the 11. 6. 28. a.m.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Knapp

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 63 Years,

Color, white

Married, Single, Widower, { Cross out the words not required in this line. }

Occupation, Wanner

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, Thirty

Place of Death, { Give street and number. } N. 3. Cook Street

Cause of Death, { First (Primary,) Heart Disease
Second (Immediate,) Apoplexy

Duration of Last Sickness, Eighteen Months

All the above information should be furnished by the Physician.

Place of Burial, Loneon Park

Date of Burial, Aug 8. 1877 John J. Fitzer

M. D.

Medical Attendant

{ Undertaker, And Sully
Place of Business, Suelker & Co

Address 77. Nord. Euter.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19897

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, Aug 6th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Samuel Thomas Harlan

Sex, Male or Female, { Cross out the words not required in this line. }

Age, Years, 17 Months, Days

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore, 17 months

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) } Broncho Pneumonia Congestion Brain

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Saints John Ballye

Date of Burial, August 7, 77

Undertaker, Wm. H. Hickman

Place of Business, 1134 1/2 Gay St

Medical Attendant, M. D.

Address, Broadway

Madison St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 19898

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

Years,

Months,

Days.

Color,

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give street and number. }

Cause of Death,

{ First (Primary.) }

{ Second (Immediate.) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

{ Undertaker,

{ Place of Business,

Address

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 19899.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Aug 7. 1877

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Ellen M. Glen

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Age,

6

Years,

11

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

13 Atkinson

Duration of Residence in the City of Baltimore,

Since Birth

Place of Death,

{ Give street and number. }

381. Hanover St

Cause of Death,

{ First (Primary.) }

{ Second (Immediate.) }

Scarletina

Convulsions

Duration of Last Sickness,

6 days

All the above information should be furnished by the Physician.

Place of Burial,

Western Cemetery

Date of Burial,

August 9th 1877

Thos Stone M.D.
Medical Attendant.

Undertaker,

Charles F. Herschel

Place of Business,

146 Hanover St

Address

146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 19900

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Aug 6 1877

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Jane L. Lander

Sex, Male or Female,

Cross out the word not required in this line.

Female

Age,

44

Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

Cross out the words not required in this line.

married

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Balt. city

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

110 Gough. St.

Cause of Death,

First (Primary.)

Second (Immediate.)

Consumption (of Lungs)

Duration of Last Sickness,

Two years

All the above information should be furnished by the Physician.

Place of Burial,

Green Hill Cemetery

Date of Burial,

Aug 12 1877

Abram B. Arnold M. D.

Medical Attendant.

Undertaker,

Hughes & Co

Place of Business,

65 S. Broadway

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 19906

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, Aug 7. 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Henry R. Grant.

Sex, Male or Female, { Cross out the word not required in this case. } Male

Age, 9 Years,

Color, white 9 Months, 3 Days.

Married, Single, Widow or Widower, { Cross out the words not required in this case. } Single

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Balt. Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number. } 134 S. Calh. Ave.

Cause of Death, { First (Primary.) } Gas fits
{ Second (Immediate.) } Exhaustion

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cem.

Date of Burial, Aug 9th 1877

{ Undertaker, Hughes & Co.

{ Place of Business, 65 S. Broadway Address Balt. & Wash. etc.

G. Glanville, Rusk, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 199112

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

August 7th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

John Stockman

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

Years,

2

Months,

7

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Baltimore Md.

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give street and number. }

No 42 Bennett St.

Cause of Death,

{ First (Primary.) }

{ Second (Immediate.) }

Pneumonia
3 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

St. Carroll Ave

Date of Burial,

Aug 8 1877

Undertaker,

W. Hughes

Place of Business,

65 N. Broadway

E. Williams

M. D.

Medical Attendant.

Address No. 144 Chesapeake St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 19913

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

August 7, 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Jane Mc Lane Hemmick

Sex, ~~Male~~ Female,

{ Cross out the word not required in this line. }

Age,

Years,

11

Months,

15

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

Life time

Place of Death,

{ Give street and number. }

S. H. An Gay & Fennell St

Cause of Death,

{ First (Primary.) }

Dysentery

{ Second (Immediate.) }

Gastric Fever.

Duration of Last Sickness,

2 Weeks & 2 days.

All the above information should be furnished by the Physician.

Place of Burial,

Green with Cemetery

Date of Burial,

Aug 9 1877

{ Undertaker,

Hughes & Co

{ Place of Business,

65 N Broadway

Address

137 N. Exeter St.

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Agent to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *19914*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial,

Date of Burial,

{ Undertaker,

{ Place of Business

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

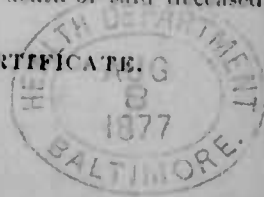
Board of Health, City of Baltimore,

Permit No. 19905

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

Aug. 7 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Alverta Wheeler

Sex, ~~Male~~ Female,

{ Cross out the word not required in this line. }

Age,

1 Years,

5

Months,

Days.

Color,

Colored

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Balt.

Duration of Residence in the City of Baltimore,

During life

Place of Death,

{ Give street and number. }

152 York St.

Cause of Death,

{ First (Primary).
Second (Immediate.) }

Cholera Infantum
3 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Sharp St

Date of Burial,

August 8

R. M. Hall

M. D.

Medical Attendant.

Undertaker,

Wheeler & Boss

Place of Business,

180 West 9 St

Address

262 S Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 19906

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

August 7th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Israel Fleishman

Sex, Male or Female,

Cross out the word not required in this line.

Male

Age,

Years,

11

Months,

Days,

Color,

White

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Single

Occupation,

None

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore

Duration of Residence in the City of Baltimore,

Since birth

Place of Death,

Give street and number.

82 D. Wolf St.

Cause of Death,

First (Primary),

Cholera Infantum

Second (Immediate),

Acute Meningitis

Duration of Last Sickness,

12 weeks

All the above information should be furnished by the Physician.

Place of Burial,

Fell-point Cemetery

Date of Burial,

August 8th 1877

Undertaker,

W. Langgors

Place of Business,

81 Gough St

Address

68 D. Broadway

Ames D. Shaw M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

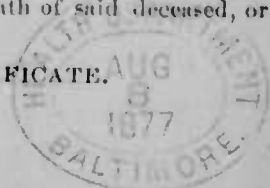
Permit No. 19907.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, Aug. 8th 1877
 Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Sarah B. Williams
 Sex, Male or Female, { Cross out the word not required in this line. } Female
 Age, 28 Years, Months, Days.
 Color, White
 Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married
 Occupation, None
 Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Somerset Co. Md.
 Duration of Residence in the City of Baltimore, 10 Months
 Place of Death, { Give street and number. } No. 73 S. Washington St.
 Cause of Death, { First (Primary,) Second (Immediate,) } Diarrhoea
 Duration of Last Sickness, 5 Days
 All the above information should be furnished by the Physician.
 Place of Burial, Baltimore
 Date of Burial, Aug 8th 1877
 { Undertaker, M. H. Hall } Address 233 E. Baltimore
 { Place of Business, 233 E. Baltimore }
 M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. *19908*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *August 7th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Winifred Griffin*

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *8* Years, _____ Months, _____ Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Bali, Iowa*

Duration of Residence in the City of Baltimore, *8 years*

Place of Death, { Give street and number. } *27 Ryan St.*

Cause of Death, { First (Primary,) _____ Second (Immediate,) _____ } *Thrombosis*

Duration of Last Sickness, *One day*

All the above information should be furnished by the Physician.

Place of Burial, *St Peters cemetery*

Date of Burial, *August 8th 1877*

{ Undertaker, *J B Cook* } *A. L. Griffin* M. D. Medical Attendant.

{ Place of Business, *No 704 W Baltimore street* } Address *379 W. North St.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19919.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

Sept 7 1877

Full Name of Deceased,

Sarah E. Daniels

Sex, Male or Female,

Cross out the words not required in this line.

Age,

Years,

Months,

21

Days

Color,

Black

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.)

Balt city

Duration of Residence in the City of Baltimore,

Life

Place of Death,

{ Give street and number.

51 Jefferson St
Colie

Cause of Death,

{ First (Primary).

Second (Immediate).

Convulsions
one hour

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Asbury E. Cemetery

Date of Burial,

Sept 8 1877

Undertaker,

W. W. Dunlop

Place of Business,

East St

James A. Stearns M.D.

Address,

Commissioner of Health
& Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by David Daniels father [OVER.]

Permit No. 19910

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

Aug 7 - 1877

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

William Gissler

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

74

Years,

—

Months,

16

Days.

Color,

White

Married, Single, Widowed or Widower,

{ Cross out the words not required in this line. }

Occupation,

Tailor

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Germany

Duration of Residence in the City of Baltimore,

4 1/2 years

Place of Death,

{ Give street and number. }

285 Hanson St

Cause of Death,

{ First (Primary),
Second (Immediate), }

Phthisis

Duration of Last Sickness,

2 1/2 years

All the above information should be furnished by the Physician.

Place of Burial,

Balto: Cemetery

Date of Burial,

the 9th of August

W. H. H. M. D.

Medical Attendant.

Undertaker,

Ph. S. Dill

Address

146. Hanson St

Place of Business,

183. Columbia Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

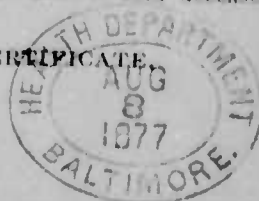
Permit No. 19911

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

CERTIFICATE OF DEATH.



Date of Death,

Aug 7 - 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Anna Irene Snyder

Sex, Male or Female, { Cross out the word not required in this line. }

Age, / Years, 8 Months, 15 Days.

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

95 Pierce St

Cause of Death, { First (Primary.)
Second (Immediate.) }

Whooping Cough

Diphtheria
3 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Fountain Park Cemetery

Date of Burial, August 8 or 1877

M. D.

Medical Attendant.

Undertaker, Andrew G. Galt

Place of Business, 118 Drury St

Address 23 W. Calver St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19912

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Aug 7 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Charles Newman

Sex, Male or Female,

Cross out the words not required in this line.

Age,

Years,

Months,

14

Days

Color,

white

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in United States, if of foreign birth.)

Baltimore City

Duration of Residence in the City of Baltimore,

Life

Place of Death,

Give street and number.

14 Boyd St

Cause of Death,

First (Primary),

Convulsions

Duration of Last Sickness,

3 days

All the above information should be furnished by the Physician.

Place of Burial,

St Alphonsus

Date of Burial,

Aug 8 1877

James Stewart M.D.

Undertaker,

A. Kohler

Place of Business,

244 E. Lomb

Address,

Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by A Kohler Undertaker

Board of Health, City of Baltimore,

Permit No. 19913.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Sex, ~~Male~~ Female,

Cross out the word not required in this line.

Age,

44 Years,

Months,

Days.

Color,

Colored

Sex,

Widow

Married, Single, Widow or Widower, Cross out the words not required in this line.

Occupation,

Birthplace, State or country (and how long in the United States, if of foreign birth.)

Eastern Shore Md

Duration of Residence in the City of Baltimore,

Place of Death, Give street and number.

106

Harford Ave

Cause of Death,

First (Primary),

Second (Immediate),

Heart Disease

Duration of Last Sickness,

Sudden

All the above information should be furnished by the Physician.

Place of Burial,

Calvary St. Cemetery

Date of Burial,

Aug 8th 1877

A. T. Remond

M. D.

Medical Attendant.

Undertaker,

Theodore J. Lick

Place of Business,

36 Jefferson St

Address

186 Disgrace St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 19914.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

August 7th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

May Livingston

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

75 Years,

Months,

Days.

Color,

Black

~~Married~~, Single, Widow ~~Widow~~,

{ Cross out the words not required in this line. }

Occupation,

Servant

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Virginia

Duration of Residence in the City of Baltimore,

7 years

Place of Death,

{ Give street and number. }

101 Wilkes alley

Cause of Death,

{ First (Primary,)
Second (Immediate,) }

Gangrene of foot
Exhaustion

Duration of Last Sickness,

3 months

All the above information should be furnished by the Physician.

Place of Burial,

Laurel Cemetery

Date of Burial,

Aug 8th 1877

Undertaker,

Chenoweth & Co

Place of Business,

341 Pa ave

Address

92 Mosher St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

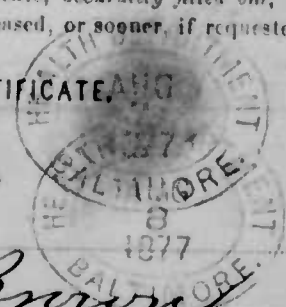
OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19915,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested to do so, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, August 7, 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Hortense Brown

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age, _____ Years, _____ Months, 12 Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. } X

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baile

Duration of Residence in the City of Baltimore, 26 Days

Place of Death, { Give street and number. } 141 W. Biddle St.

Cause of Death, { First (Primary) } Child has never been a hearty one, { Second (Immediate) } Diphtheria

Duration of Last Sickness, I was not in attendance

All the above information should be furnished by the Physician.

Place of Burial, Central Cemetery

Date of Burial, August 8, 1877

Undertaker, { John Bishop } Address 55 N. Greene St.

Place of Business, 97 South Hill Ave.

Medical Attendant, W. H. Kemp M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 199161

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

1

Years,

10

Months,

Days.

Color,

Colored

Married, Single, Widowed or Divorced,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give street and number. }

Cause of Death,

{ First (Primary),
Second (Immediate). }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

{ Undertaker,

{ Place of Business,

Eldridge C. Price M. D.
Medical Attendant.

Address 262 Madison Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

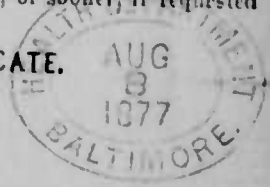
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19917

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, August 7th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John V Lieberman

Sex, Male ~~or Female~~ { Cross out the word not required in this line. }

Age, about 67 Years, _____ Months, _____ Days.

Color, White

Married, Single ~~Widow or Widower~~ { Cross out the words not required in this line. }

Occupation, Bruggist

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, About 20 years

Place of Death, { Give street and number. } 285 N Central Avenue

Cause of Death, { First (Primary,) Second (Immediate,) } Phthisis Pulmonalis

Duration of Last Sickness, About 7 months

All the above information should be furnished by the Physician

Place of Burial, St Albans & H. Darling

Date of Burial, August 9th 1877 M. D.

Undertaker, Henry Back Medical Attendant.

Place of Business, 869 N Central Ave Address 143 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 19918

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

August 7th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Joseph Johnson

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age,

Years,

Months,

Fifteen

Days.

Color,

Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Single

Occupation,

Nothing

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore City Maryland

Duration of Residence in the City of Baltimore,

Continued

Place of Death, { Give street and number. }

No 59 Stockholm St

Cause of Death, { First (Primary,) Second (Immediate,) }

Cholera infantum
Tonic Spasms

Duration of Last Sickness,

Seven days

All the above information should be furnished by the Physician

Place of Burial,

Sharp Cemetery

Date of Burial,

Aug 9, 1877

Undertaker,

W. Chase

Place of Business,

No 198 Howard

Address

J. D. Byer

M. D.

Medical Attendant.

No 146 Hill St

Baltimore

MD

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *19919*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *August 7*

Full Name of Deceased, *Alfred J. Carter*
Write legibly and spell correctly. If an infant not named, give names of parents.

Sex, *Male* or *Female*, Cross out the word not required in this line.

Age, *33* Years, *3* Months, *3* Days.

Color, *Caucasian* Sex, *Male*

Married, Single, Widow or Widower, Cross out the words not required in this line.

Occupation,

Birthplace, *3001st Baltimore*
State or country (and how long in the United States, if of foreign birth).

Duration of Residence in the City of Baltimore, *30 days*

Place of Death, *3001st*
Give street and number.

Cause of Death, *Tuberculosis*
First (Primary),
Second (Immediate).

Duration of Last Sickness, *30 days*

All the above information should be furnished by the Physician.

Place of Burial, *Laurel Cemetery*

Date of Burial, *Aug 8 1877*

Undertaker, *H. W. Chase*

Place of Business, *No 18 Howard*

Address

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

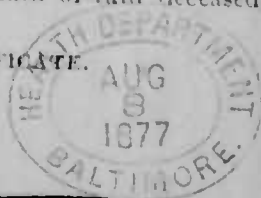
Permit No. 19920

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Aug 7 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Robert Benson

Sex, Male ~~Female~~

Cross out the words not required in this line.

Age,

2

Years,

7

Months,

Days

Color,

white

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace, State or country (and how long in United States, if of foreign birth.)

Balto City

Duration of Residence in the City of Baltimore,

Life

Place of Death, Give street and number.

Prope Walk alley

Cause of Death,

First (Primary),

Second (Immediate),

Pertussis
Exhaustion

Duration of Last Sickness,

5 months

All the above information should be furnished by the Physician.

Place of Burial,

Lower Cemetery

Date of Burial,

Aug 8 1877

Undertaker,

S. H. Chase

Place of Business,

Howard St

Address,

Comm of Health
Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by S. H. Chase Undertaker

Permit No. 19921

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

7th. Aug. 1877.

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Georg August Rosenhager

Sex, Male or Female,

(Cross out the word not required in this line.)

Age,

Years,

Months,

24 hours Days

Color,

white

Married, Single, Widow or Widower,

(Cross out the words not required in this line.)

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore City

Duration of Residence in the City of Baltimore,

during lifetime

Place of Death,

(Give street and number.)

R. Registrar. 116.

Cause of Death,

First (Primary),
Second (Immediate),

Cyanosis

Duration of Last Sickness,

during lifetime

All the above information should be furnished by the Physician.

Place of Burial,

St. Pauls Cemetery

Date of Burial,

8th. July August

Undertaker,

C. Ernst

Place of Business,

Canton Avenue 269

Address

R. Walpert. 112

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 19922

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 6 1877
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jno Busick
Sex, Male or ~~Female~~, { Cross out the word not required in this line. }
Age, 27 Years, Months, Days.
Color, white
~~Married~~, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation, Shoemaker
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Balt
Duration of Residence in the City of Baltimore, All life
Place of Death, { Give street and number. } Harbor bet Locust Point & Canton
Cause of Death, { First (Primary,) Accidental
Second (Immediate,) Drowning
Duration of Last Sickness, Sudden death

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Homeless
Date of Burial, Aug 10 1877
{ Undertaker, Geo Schilling
Place of Business, 174 N. E. St
Edm D Walker M. D.
Medical Attendant.
Address Corone Dr P. D

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 19923.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

7th August 1877.
Robert Felts

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, ~~Male or Female~~, { Cross out the words not required in this line. }

Age, _____ Years,

7 Months, 7 Days
Black

Color,

Married, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

13 Shockton Alley

Cause of Death, { First (Primary,) Second (Immediate,) }

Whooping cough
Hydrocephaloid
About 4 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 8 1877

{ Undertaker, William M. Dwyer }

{ Place of Business, No 108 Shockton Alley }

John H. Hood M.D.
Medical Attendant.

Address, 274 Hollins St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 19924,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 8th 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Hannah Fritz

Sex, Male or Female, { Cross out the word not required in this line. } Female.

Age, 5-6 Years, Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married.

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Germany

Duration of Residence in the City of Baltimore, 24 years

Place of Death, { Give street and number. } 249 Bat Ave.

Cause of Death, { First (Primary.) } Strangulated hernia.
{ Second (Immediate.) } Perforal.

Duration of Last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, Linden Park

Date of Burial, August 10th.

{ Undertaker, B. Tharle } J. E. Hampton M. D. Medical Attendant.

{ Place of Business, 411 Light Street. } Address 321 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

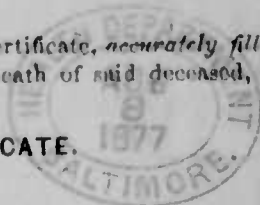
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19925

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, August 8 77
 Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary A Wagner
 Sex, Male or Female, { Cross out the word not required in this line. } Female
 Age, 4 Years, 9 Months, 8 Days.
 Color, White Sex, Female
 Married, Single, Widow or Widower, { Cross out the words not required in this line. }
 Occupation,
 Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City
 Duration of Residence in the City of Baltimore, Since Birth
 Place of Death, { Give street and number. } 148 Burgundy St.
 Cause of Death, { First (Primary,) Scarletina Anginosa
 { Second (Immediate,) Pertussis
 Duration of Last Sickness, 6 Days
 All the above information should be furnished by the Physician.
 Place of Burial, St. Alphonsus Church & Cemetery
 Date of Burial, 9th of August
 Undertaker, P. Rimmer
 Address, 203 W. Lombard St.
 Place of Business, 317 Dulaney St.

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

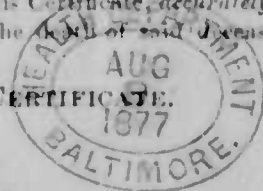
[OVER]

Permit No. 19926

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

Aug 8th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Martin Sumner

Sex, Male ~~or~~ Female,

{ Cross out the word not required in this line. }

Age,

40 Years,

Months,

Days.

Color,

White

~~Married~~, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

None

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

during life

Place of Death,

{ Give street and number. }

Union Prot. Infirmary

Cause of Death,

{ First (Primary,) Second (Immediate,) }

Consumption

Duration of Last Sickness,

Six months

All the above information should be furnished by the Physician.

Place of Burial,

Balto Cemetery

Date of Burial,

Aug 9th

{ Undertaker,

Geo W. Phence

{ Place of Business,

206 Forest

Address

92 Mosher St

Oliver J. Hawcett

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19927

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ^{correctly filled} out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death, ^{not filled} or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *Aug 8 1877*
 Full Name of Deceased, *Sidonia & John Ambrose* ^{Write legibly and spell correctly. If an infant not named, give names of parents.} *(Parents)*
 Sex, *Male* ^{Cross out the words not required in this line.}
 Age, *col d* ^{Years,} *one* ^{Months,} *Days*
 Color, *col d*
 Married, *Single*, Widow or Widower, ^{Cross out the words not required in this line.}
 Occupation, *Baltimore*
 Birthplace, ^{State or country (and how long in United States, if of foreign birth.)} *Life*
 Duration of Residence in the City of Baltimore, *46 Boyd St*
 Place of Death, ^{Give street and number.} *46 Boyd St*
 Cause of Death, ^{First (Primary.)} *Convulsions* ^{Second (Immediate.)} *one day*
 Duration of Last Sickness, *one day*
 All the above information should be furnished by the Physician.
 Place of Burial, *Sharp St. Cemetery* *James A. Stewart* M.D.
 Date of Burial, *Aug 9 1877*
 Undertaker, *S. W. Chase* Address, *Commissioner of Health*
 Place of Business, *Eutaw St* *Registrar*

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by *Nancy McLean* *Midw.*

Permit No. *19928,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of ~~the deceased~~, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

August 8th 1877

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Jane Elting Poor

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Age,

83

Years,

11

Months,

Days.

Color,

White

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~,

{ Cross out the words not required in this line. }

Occupation,

None

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

All her life

Place of Death,

{ Give street and number. }

47 Mc Culloch st

Cause of Death,

{ First (Primary.) }

{ Second (Immediate.) }

Softening of Brain

Duration of Last Sickness,

about 8 weeks

All the above information should be furnished by the Physician.

Place of Burial,

Green Mount Cemetery

Date of Burial,

10th Augth 1877

Undertaker,

H. W. Deukens & Son

Place of Business,

16 Light St

Address

201 Madison Ave

J. B. Williams M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 19929

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

Aug. 8th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents }

Henry Gordon

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age, / Years,

8 Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Balto. Md.

Duration of Residence in the City of Baltimore,

Whole life

Place of Death, { Give street and number. }

80 W. River St.

Cause of Death, { First (Primary.)
Second (Immediate.) }

Scarlatina Uncomplicated
Five days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Balto. Cemetery

Date of Burial,

Aug. 9th 1877

Undertaker,

William Sickman

Place of Business,

234 N. Gay St.

Address

111 Greenmount Ave.

Silas N. Hunter M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. *19930*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *Aug 8th*
 Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Elizabeth Garrett*
 Sex, Male or Female, { Cross out the word not required in this line. } *Female*
 Age, _____ Years, *1* Months, *14* Days.
 Color, *White*
 Married, Single, Widowed or Widower, { Cross out the words not required in this line. }
 Occupation, _____
 Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *368 N. Sticks*
 Duration of Residence in the City of Baltimore, *3 weeks*
 Place of Death, { Give street and number. } *368 N. Sticks St.*
 Cause of Death, { First (Primary.) } *In action*
 { Second (Immediate.) }
 Duration of Last Sickness, *3 weeks*
 All the above information should be furnished by the Physician.
 Place of Burial, *Mount Olivet*
 Date of Burial, *Aug 9th 1877*
 Undertaker, *Geo. Lane & Sons* Address *Co. Preston & Sticks*
 Place of Business, *368 N. Balto*

G. M. Stonis M. D.
 Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 19931,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

Aug 9th 77

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

May be R Schryver

Sex, ~~Male~~ or Female,

Cross out the word not required in this line.

Age,

1

Years,

4

Months,

11

Days.

Color,

white

Sex,

female

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

390 Franklin St

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

390 Franklin St

Cause of Death,

First (Primary),

Second (Immediate),

Chol. Inf.

Duration of Last Sickness,

19 days

All the above information should be furnished by the Physician.

Place of Burial,

Green Mt

Date of Burial,

10th Aug

Undertaker,

Jas Laidman

Place of Business,

568 N. Balto St

Address

85 Fayette St

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

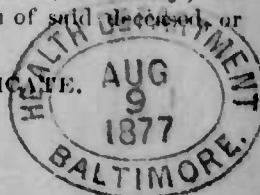
[OVER.]

Permit No. 19932

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

Aug. 8th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Margaret M. M.

Sex, Male or Female,

Cross out the word not required in this line.

female

Age,

Years,

9 Months,

24 Days.

Color,

white

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Balw. City

Duration of Residence in the City of Baltimore,

since born

Place of Death,

Give street and number.

29. S. Regester St.

Cause of Death,

First (Primary).

Cholera infantum

Second (Immediate.)

Duration of Last Sickness,

1 week

All the above information should be furnished by the Physician.

Place of Burial,

St. Alphonsus

Date of Burial,

9th of August

M. D.

Medical Attendant.

Undertaker,

John Brown

Place of Business,

S. Regester St.

Address

27. S. Regester St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. **19933,**

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, **August 8th, 1877 - 7:30, A. M.**

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Edward. Harry
Male

Sex, **Male** or ~~Female~~, { Cross out the words not required in this line. }

Age, _____ Years, **Six (6)** Months, _____ Days

Color, **White**

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in United States, if of foreign birth.) }

201 Burgundy Alley.
Since birth

Duration of Residence in the City of Baltimore, _____

Place of Death, { Give street and number. }

201 Burgundy Alley

Cause of Death, { First (Primary),
Second (Immediate,) }

Indigestion
Inanition

Duration of Last Sickness, **Since birth**

All the above information should be furnished by the Physician.

Place of Burial, **Western Cemetery**

Date of Burial, **Aug. 9th. 1877.**

{ Undertaker, **Geo. E. Bell** }

{ Place of Business, **131 Hanover St** }

Wm. H. D. Rice

M. D.

Medical Attendant.

Address, **82 S. Fremont St.**

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. *19934*,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

August 9th 1877

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Louisa Stanley

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

2 4 Years,

Months,

Days.

Color,

Colored

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Seamstress

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Md.

Duration of Residence in the City of Baltimore,

12 yrs

Place of Death,

{ Give street and number. }

*Consumption of Lungs,
227 North Court,*

Cause of Death,

{ First (Primary), }

{ Second (Immediate), }

Consumption of Lungs

Duration of Last Sickness,

6 Months

All the above information should be furnished by the Physician.

Place of Burial,

Laurel Cemetery

Date of Burial,

Aug 9th

Undertaker,

J. Davis

Place of Business,

103 Lee St

Address

Geo. G. Gyle M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

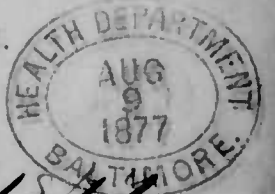
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 199357

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

August 8th 1877
William Tucker

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, Months, Days.

Color, Sex, Marital Status

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary), Second (Immediate), }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp Mt. Cemetery

Date of Burial, Aug 9th

Undertaker, J. Davis

Place of Business, 103. Lech. St

Address 260 S. Euter St
Baltimore City

Complains on Day

J. J. Shultz M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

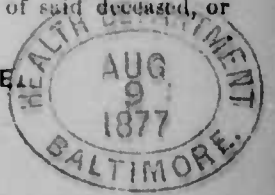
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *19936*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE



CERTIFICATE OF DEATH.

Date of Death,

Aug. 8th 1877

Full Name of Deceased,

James Butler Barton

Sex, ~~Male~~ or ~~Female~~,

Male

Age,

Years,

4

Months,

18

Days.

Color,

white

Sex,

male

Married, Single, Widow or Widower,

Single

Occupation,

Birthplace,

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death,

254 George St

Cause of Death,

First (Primary),

Cholera Infantum

Second (Immediate),

Duration of Last Sickness,

2 months

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore Am

Date of Burial,

Aug 9

Undertaker,

211 Pen au

Place of Business,

Address

144 Mulberry St.

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

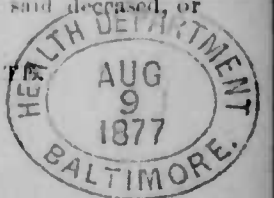
[OVER.]

Permit No. 19937

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

August 8th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents. Catherine Lynch

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

69

Years,

Months,

Days.

Color,

White

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

None

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

All her life

Place of Death, { Give street and number. }

391 Park Ave

Cause of Death, { First (Primary,) Second (Immediate,) }

A fall
Compression of the Brain

Duration of Last Sickness,

about 3 days

All the above information should be furnished by the Physician.

Place of Burial,

~~Baltimore~~ West

Date of Burial,

Aug 10

{ Undertaker,

J. B. Blizzard

{ Place of Business,

271 Park av

C. B. Williams M. D.
Medical Attendant.

Address 201 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *19938*,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *Aug 7th 1877*

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. *Henrietta Mgare*

Sex, ~~Male~~ Female, Cross out the words not required in this line.

Age, *42* Years, *6* Months, *16* Days

Color, *Blk*

Married, ~~Single~~, ~~Widow~~, or ~~Widower~~, Cross out the words not required in this line.

Occupation, *Washerwoman*

Birthplace, State or country (and how long in United States, if of foreign birth.) *Queen Anne's Co Md*

Duration of Residence in the City of Baltimore, *16 years*

Place of Death, Give street and number. *17 Short St*

Cause of Death, First (Primary), Second (Immediate). *Inflammation of Brain*

Duration of Last Sickness, *5 days*

All the above information should be furnished by the Physician.

Place of Burial, *Lacord Cemetery*

Date of Burial, *Aug 9 1877*

Undertaker, *W. W. Dunger*

Place of Business, *62 East St*

Address, *Commissioner of Health*

Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by J. M. Cook

[OVER.]

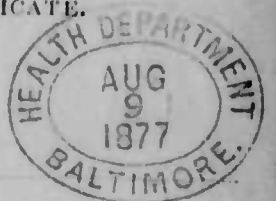
Permit No. 19939

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

August 7th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Alonso G. Lipo

Sex, Male ~~or Female~~

{ Cross out the word not required in this line. }

Age,

Years,

5 Months,

Days.

Color,

White

Married, Single, ~~Widow or Widower~~

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give street and number. }

95 N. Stricker St.

Cause of Death,

{ First (Primary.) }

{ Second (Immediate.) }

Diphtheria and Whooping Cough
Convulsions

Duration of Last Sickness,

14 hours

All the above information should be furnished by the Physician.

Place of Burial,

London Park Cemetery

Date of Burial,

9th of August

Undertaker,

P. Richmond

Place of Business,

317 Mulberry St.

W. G. Regehr

M. D.

Medical Attendant.

Address Mrs. Fayette Calhoun

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

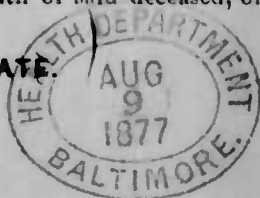
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19940

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, August 7, 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Anna Anne Lepo

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 10 Years, 11 Months, 25 Days.

Color, White Sex, female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 95 N. Street St

Cause of Death, { First (Primary,) Second (Immediate,) } Typhoid fever

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Linden Park Cemetery

Date of Burial, 9th of August

{ Undertaker, D. K. Kinnear Address 71 Franklin St.

{ Place of Business, 317 Mulberry St.

H. B. McHenry M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

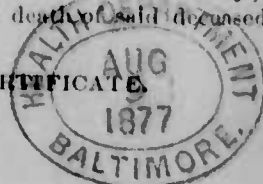
[OVER.]

Permit No. 19941.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *Aug. 9th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Louisa Stutz*

Sex, Male or Female, { Cross out the word not required in this line. } *female*

Age, *7* Years, *6* Months, Days.

Color, *white*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Balto. City*

Duration of Residence in the City of Baltimore, *since born*

Place of Death, { Give street and number. } *377. Orleans St.*

Cause of Death, { First (Primary,) Second (Immediate,) } *Diphtheria*

Duration of Last Sickness, *6 days*

All the above information should be furnished by the Physician.

Place of Burial, *St. Paul's Cemetery*

Date of Burial, *Aug 10th 1877*

{ Undertaker, *John Herwig*

{ Place of Business, *386 Orleans St.*

J. D. D... M. D.
Medical Attendant.

Address *27th & Broadway*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *19942*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

August 8th 1877

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Lophia North,

Sex, ~~Male~~ or Female,

{ Cross out the words not required in this line. }

Age,

2 Years,

2 Months,

Days

Color,

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) }

Balto. City.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

50 Hamburg St.

Cause of Death,

{ First (Primary),
Second (Immediate), }

Whooping Cough

meningitis

4 days.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Balto Cemetery

Date of Burial,

Aug 9 1877

R. J. H. Tall M. D.

Medical Attendant.

Undertaker,

Cornet & Devine

Place of Business,

Light St

Address,

152, S. Sharp St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

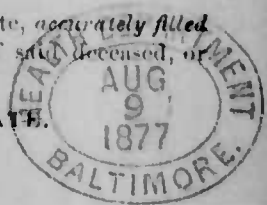
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *19943.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

August 7th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.
Sarah Elizabeth McCullough

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

—

Years,

11

Months,

—

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Baltimore Md

Duration of Residence in the City of Baltimore

Place of Death,

{ Give street and number. }

75 Eleventh St B. Co.

Cause of Death,

{ First (Primary,) Second (Immediate,) }

Cholera Infantus
2 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Woods Cross Cem

Date of Burial,

Aug. 9th 1877

Undertaker,

W. A. Gaiger

Place of Business,

74 S Bim

O. Williams M. D.
Medical Attendant.

Address *144 Chesapeake St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *19944*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

August 7th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Christian C. Holbrook

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

27

Years,

Months,

Days.

Color,

white

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

283 N. Caroline St

Cause of Death, { First (Primary), Second (Immediate), }

*Inflammation Brain
Paralysis
Six weeks*

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Old Cathedral

Date of Burial,

Aug 9th 1877

Undertaker,

M. A. Gaiger

Place of Business,

74 S. Broadway

John J. Jenkins M.D.
Medical Attendant.

Address *26 Cathedral St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 19945

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

August 8th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Constance Gardner Petrusen

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

28

Years,

9

Months,

Days.

Color,

White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

None

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Alexandria Va

Duration of Residence in the City of Baltimore,

about 6 years

Place of Death, { Give street and number. }

128 Botton St

Cause of Death,

{ First (Primary,) }

Child-bra

{ Second (Immediate,) }

Permia

Duration of Last Sickness,

6 hours

All the above information should be furnished by the Physician.

Place of Burial,

Richmond Va

Date of Burial,

10th Aug 1877

Undertaker,

Anderson & Son

Place of Business,

15 Light St

J. H. Williams M. D.
Medical Attendant.

Address 201 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in case of births and deaths of illegitimate children.

[OVER.]

Transit 849

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19946

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, Aug 8th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Peter Homer

Sex, Male ~~Female~~, { Cross out the word not required in this line. }

Age, 7 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Mass

Duration of Residence in the City of Baltimore, 6 Mo

Place of Death, { Give street and number. } 105 North Calvert

Cause of Death, { First (Primary), Second (Immediate), } Meningitis

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician

Place of Burial, Balto Cemetery

Date of Burial, Aug 9th

{ Undertaker, H. C. Wierzbicki

{ Place of Business, 90 Greenmount Av

Geo B. Reynolds M. D.
Medical Attendant.

Address 43 N. Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *19947*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

August 9th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Elenora E. Hellegiest

Sex, ~~Male or Female~~, { Cross out the word not required in this line. }

Female

Age, *5* Years,

4

Months,

7

Days.

Color,

White

~~Married, Single, Widowed, or Divorced~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore City
Life

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

No 67 Elliott st

Cause of Death, { First (Primary,) ... Second (Immediate,) }

Scarlet Fever

Dropey of the Throat

Duration of Last Sickness,

Three weeks

All the above information should be furnished by the Physician.

Place of Burial, *Balto Cemetery*

Date of Burial, *August 10th 1877*

{ Undertaker, *Henry Kochlik*
Place of Business, *246 Eastern Av* }

Thomas J. Evanson M.D.
Medical Attendant.

Address *No 18 Jackson Place*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. *19948*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *Aug. 8th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Charles Kulmier*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, *1* Years, *2* Months, *18* Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore*

Duration of Residence in the City of Baltimore, *Life*

Place of Death, { Give street and number. } *No. 171, S. Charlotte St.*

Cause of Death, { First (Primary,) Second (Immediate,) } *Cholera Infantum*

Duration of Last Sickness, *2 days*

All the above information should be furnished by the Physician.

Place of Burial, *5th Germ Refmt (Cemetery) St Paul*

Date of Burial, *August 9th 1877*

Undertaker, *Jb. Froehlich*

Place of Business, *246 Eastern Ave*

Address *246 Eastern Ave*

J. H. Baker M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

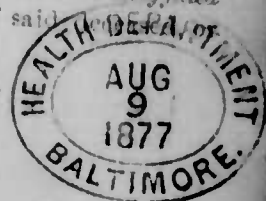
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19949.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said person, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

Aug 9 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Martin E. S. Rigall

Sex, ~~Male~~ Female,

Cross out the words not required in this line.

Age,

Years,

Months,

Days

Color,

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.)

Balto City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number.

3 Fountain St

Cause of Death,

First (Primary.)

Premature Birth (8 mos)

Second (Immediate.)

Asthma

Duration of Last Sickness,

All the above information should be furnished by the Physician.

all to Life

Place of Burial, St. Paul's Church

Date of Burial,

Aug 9 1877

Undertaker,

H. Froehlich

Place of Business,

246 Eastern Ave

Address,

Commissioner of Health

Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Mary E. Linnus

Permit No. 19957

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Aug 8th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

C. R. Felt

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

74

Years,

11

Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Widower, Free in

Duration of Residence in the City of Baltimore,

38 Years

Place of Death, { Give street and number. }

585 Penn Ave

Cause of Death, { First (Primary,) Second (Immediate,) }

Old Age

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Aug 9th 1877

Undertaker, C. T. Weigand

Place of Business, 53 Druid Hill Ave

C. J. Conner M. D.
Medical Attendant.

Address, 1015 E. Federal St
City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

City of Health, City of Baltimore,

Permit No. 19951

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Aug 8

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Fredie Masterman

Sex, Male or ~~Female~~,

Cross out the word not required in this line.

Age,

Years,

27

Months,

6

Days.

Color, White

Married, Single, Widow or Widower, Cross out the words not required in this line.

///

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore

Duration of Residence in the City of Baltimore,

Since Birth

Place of Death,

Give street and number.

310 Sharp St

Cause of Death,

First (Primary).
Second (Immediate).

Pertussis
Chorea Infantum
8 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

St. Stephens

Date of Burial,

August 10th

Undertaker,

V. P. Krause

Place of Business,

204 Hanover St

Address

146 Hanover St

Thos. D. Cook M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19952,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

8th August 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

William L. Caldwell

Sex, Male ~~or Female~~,

Cross out the word not required in this line.

Age,

1 Years,

Months,

24

Days.

Color,

White.

~~Married~~, Single, ~~Widow~~ or ~~Widower~~,

Cross out the words not required in this line.

Occupation,

Birthplace, State or country (and how long in the United States, if of foreign birth.)

Balto. City

Duration of Residence in the City of Baltimore,

1 yr. 24 days.

Place of Death, Give street and number.

326 N. Eden St.

Cause of Death,

(First (Primary),

Second (Immediate),

Scething
Meningitis

Duration of Last Sickness,

3 days.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, August 10 1877

W. W. Dineen

M. D.

Medical Attendant.

Undertaker,

James D. Blythe

Place of Business,

No 63 N Front St

Address

288 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[CYMR.]

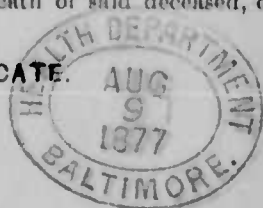
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19953,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, August 8th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William C. Roberts

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 58 Years, 5 Months, Days.

Color, Black Sex, male

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, Hurlster

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore County Md.

Duration of Residence in the City of Baltimore, 56 years

Place of Death, { Give street and number. } 97 N. Dallas St.

Cause of Death, { First (Primary,) Phthisis pulmonalis
Second (Immediate,) }

Duration of Last Sickness, Ten months

All the above information should be furnished by the Physician.

Place of Burial, Anshury cemetery

Date of Burial, Aug 10.

{ Undertaker, John W. Locke
Place of Business, 59 S. Wolfe St. Address 54 S. Broadway }

John S. Lynch M. D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *19957*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

CERTIFICATE OF DEATH.



Date of Death, *8. O'clock AM Aug 7th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Ida Enbelle Bonel*

Sex, Male or Female, { Cross out the word not required in this line. } *Female*

Age, *1* Years, *1* Months, *20* Days.

Color, _____ Sex, _____

Married, Single, ~~Widow or Widower~~ { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *36 O'Donnell St -*

Duration of Residence in the City of Baltimore, *since birth*

Place of Death, { Give street and number. } *Allanite Wharf*

Cause of Death, { First (Primary,) *General Debility*
Second (Immediate,) *Marasmus*

Duration of Last Sickness, *since birth*

All the above information should be furnished by the Physician.

Place of Burial, *Mt. Carmell Cemetery* J. E. *Frederick* M. D.

Date of Burial, *August 10th 1877* Medical Attendant.

{ Undertaker, *H. M. Giboney* Address *28 O'Donnell St*

{ Place of Business, *341 Canton St.* *I never have attended this case*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

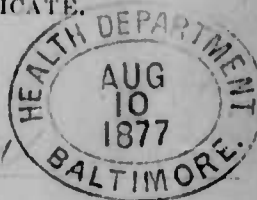
Permit No. *19955*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Aug 9th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Marten Redolun

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

Years,

Months,

24

Days.

Color,

white

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Balto

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give street and number. }

48 Roe St

Cause of Death,

{ First (Primary,) Second (Immediate,) }

Pneumonia

Duration of Last Sickness,

17 Days

All the above information should be furnished by the Physician.

Place of Burial,

Mount Carmel Cemetery

Date of Burial,

Aug 10th 1877

M. D.

Medical Attendant.

{ Undertaker,

Henry W Meers

{ Place of Business,

45 N Gay St

Address

137 N. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *19957*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE



CERTIFICATE OF DEATH.

Date of Death, *8 August*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Elise S. Swartz*

Sex, Male or Female, { Cross out the word not required in this line. } *female*

Age, *49* Years, Months, Days.

Color, *white*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *married*

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Germany 25 years*

Duration of Residence in the City of Baltimore, *25 years*

Place of Death, { Give street and number. } *Boyer Street 57.*

Cause of Death, { First (Primary), Second (Immediate), } *Typhoid Fever*
Excessive temperature of fever.

Duration of Last Sickness, *2 weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Western Cemetery*

Date of Burial, *10 August*

{ Undertaker, *L. B. Cook*
{ Place of Business, *W. Ball. St.*

L. F. Reinhard M. D.
Medical Attendant.

Address *224 W. Fayette St.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. *19958,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

August 8th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

William Porchard

Sex, Male ~~Female~~, { Cross out the word not required in this line. }

Age, *One* Years, *11* Months, *8* Days.

Color, *White*

~~Married, Single, Widowed, or Divorced~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore City

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give street and number. }

No 65 Register St

Cause of Death, { First (Primary,) Second (Immediate,) }

Congestion of Brain
Paralysis

Duration of Last Sickness,

Five days

All the above information should be furnished by the Physician.

Place of Burial, *St. Carmel Church*

Date of Burial,

Aug 10th 1877

Thomas J. Evans M.D.
Medical Attendant.

Undertaker, *Henry Sander*

Place of Business, *252 Chuteau Ave*

Address *No 18 Jackson Place*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 19959

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

Monday August 4th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Waller Billips

Sex, Male or Female,

Cross out the word not required in this line.

Male

Age,

1

Years,

18

Months,

1

Days.

Color,

Black

Sex,

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth).

Baltimore

Duration of Residence in the City of Baltimore,

Life Time

Place of Death,

Give street and number.

214

Chapin St

Cause of Death,

First (Primary),

Second (Immediate),

Phthisis

Aspiration

Duration of Last Sickness,

Four months.

All the above information should be furnished by the Physician.

Place of Burial,

Laurel Hill

Date of Burial,

Aug 9 1877

Undertaker,

Theo J. Socks

Place of Business,

56 Jefferson

Wilmer Duntou

M. D.

Medical Attendant.

Address

Ch. E. Dunsenay Monument St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. *19960*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

August 7th 1877
Margaret Proctor

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *One* Year, *in* *3* Months, *---* Days.

Color, *Colored*

~~Married, Single, Widowed or Widower,~~ { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore City

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give street and number. }

No 253 North Dallas St

Cause of Death, { First (Primary,) Second (Immediate,) }

Cholera Infantum
Three weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, *Dallas St Cemetery*

Date of Burial, *Aug 9th 1877*

{ Undertaker, *John W. Locks*
Place of Business, *59 S. Wolfe St*

Thomas J. Evans M. D.
Medical Attendant.

Address *No 18 Jackson Place*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19961

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ^{accurately filled} out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of ^{the} deceased, ^{as} soon, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *August 7 1877*

Full Name of Deceased, ^{Write legibly and spell correctly. If an infant not named, give names of parents.} *M. L. Smith*

Sex, *Male* or *Female*, ^{Cross out the word not required in this line.} *Female*

Age, *76* Years, _____ Months, _____ Days.

Color, *White* Sex, *Female*

Married, *Single*, Widow or Widower, ^{Cross out the words not required in this line.} *Widow*

Occupation, *none*

Birthplace, ^{State or country (and how long in the United States, if of foreign birth.)} *Somerset Co. Pennsylvania*

Duration of Residence in the City of Baltimore, *fifty years*

Place of Death, ^{Give street and number.} *443 N. Central Ave.*

Cause of Death, ^{First (Primary),} *Apoplexy*
^{Second (Immediate),} *Apoplexy*

Duration of Last Sickness, *3 months*

All the above information should be furnished by the Physician.

Place of Burial, *Balto Cent*

Date of Burial, *Aug 11. 77*

Undertaker, *John J. Rodinway* Address *447 N. Central Ave.*

Place of Business, *Cor Greenmount Ave & Monument St*

A. G. Watson M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *19962*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *August 9th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Steuell Litch*

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, _____ Years, *1* Month, *3* Days.

Color, *white* Sex, *male*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, *(Infant)*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *315 Park Av.*

Duration of Residence in the City of Baltimore, _____

Place of Death, { Give street and number. } *315 Park Av.*

Cause of Death, { First (Primary,) Second (Immediate,) } *Premature birth, imperfect development*
asthenia

Duration of Last Sickness, *since birth*

All the above information should be furnished by the Physician.

Place of Burial, *Greenmount Cemetery* *J. C. Chitt* M. D.

Date of Burial, *Aug 10th 1877*

Medical Attendant.

{ Undertaker, *Wm. T. Scriven* Address *141 Lombard St*
Place of Business, *271 N. Eutaw St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *19963.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four* hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

Aug 9th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents }

Wm. Bepi H. Allen

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, — Years,

4 Months, — Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

160 N. Eutaw St.

Cause of Death, { First (Primary), Second (Immediate), }

*Cholera infantum
10 days.*

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, *Green Mount.*

Date of Burial, *August 10th 1877*

J. L. Durbin M. D.
Medical Attendant.

Undertaker, *Jacob Weaver*

Place of Business, *No 416 Druid Hill Avenue*

Address *2 Cathedral St.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. *19964*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

August 9th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents }

Mina Klages

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age, *3* Years,

7 Months,

9 Days.

Color, *White*

~~Married, Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Balto. City

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give street and number. }

23 Cross St

Cause of Death, { First (Primary,) Second (Immediate,) }

Diphtheria
3 days

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, *Balto Cemetery*

Date of Burial, *August 10th 1877*

Undertaker, *J. L. Lorne & Sons*

Place of Business, *58 Balto St*

Louis H. Knight

M. D.

Medical Attendant.

Address *112 N. Greene St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *19965*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

August the 9th 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Maryna Sister.

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age,

—

Years,

9

Months,

—

Days.

Color,

White

Sex,

Female

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

America Philadelphia.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

*Austrian Bank Euplia, off of Fell St.
Cholera Infantum*

Cause of Death, { First (Primary),
Second (Immediate), }

Duration of Last Sickness,

4 days.

All the above information should be furnished by the Physician.

Place of Burial,

St. Patrick Cemetery, S. J. Sullivan,

M. D.

Date of Burial,

September 11

Medical Attendant.

{ Undertaker,

John P. Schuch

Address

116 Thames St.

{ Place of Business,

265 McCann St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19986

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

August 9th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents }

Mary Margaret Clark

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, Years,

Seven Months,

Three Days.

Color,

Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

114 Hill St

Cause of Death, { First (Primary.) Second (Immediate.) }

Cholera Infantum

Duration of Last Sickness,

One Week

All the above information should be furnished by the Physician.

Place of Burial,

Sharp St Cemetery

Date of Burial,

August 11th

{ Undertaker,

J. Davis

{ Place of Business,

103. Lee St

Address

Julius Hall M.D.
Medical Attendant.
Southwestern Dispensary
45 Conway St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. *19967*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

August 9th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Isabella Browne

Sex, *Male or Female*, { Cross out the word not required in this line. }

Age, *71* Years,

Months,

Days.

Color,

White

Married, *Single, Widow or Widower*, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Ireland

Duration of Residence in the City of Baltimore,

30 years

Place of Death, { Give street and number. }

171 East Baltimore

Cause of Death, { First (Primary.) Second (Immediate.) }

Dropsy

Duration of Last Sickness,

about 2 years

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore

Date of Burial,

Aug 11 2. P. M. S. J. C. Entertine

M. D.

Medical Attendant.

Undertaker,

M. R. H. H. H. H.

Place of Business,

233 E. Baltimore

Address

542 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. *19968*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Aug 8th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

William Jefferson Anderson

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age,

Years,

2

Months,

21

Days.

Color,

Colored

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

2 mos. 3 wks.

Place of Death, { Give street and number. }

16 Foster's Al.

Cause of Death, { First (Primary,) Second (Immediate,) }

Cholera Infantum

Duration of Last Sickness,

13 days.

All the above information should be furnished by the Physician.

Place of Burial,

Laurel Cemetery

Date of Burial,

Aug 10 1877

Eldridge C. Price M. D.
Medical Attendant.

{ Undertaker,

The J. Locks

{ Place of Business,

Jefferson St

Address

262 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *19969*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or *sooner*, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *August 8 / 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Geo Hy. Grant*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, *X* Years, *2* Months, *X* Days.

Color, *Colored*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Single*

Occupation, *None*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Balto. Md.*

Duration of Residence in the City of Baltimore, *all his life*

Place of Death, { Give street and number. } *33 Foster alley*

Cause of Death, { First (Primary), Second (Immediate), } *Pertussis*

Duration of Last Sickness, *I was not in attendance upon this case, no physician has prescribed for it.*

All the above information should be furnished by the Physician

Place of Burial, *Trinity Church*

Date of Burial, *August 10 1877*

Undertaker, *The I. Locks*

Place of Business, *Dufferson*

Address *53 N. Green St*

A. H. Kemp M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19970

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, Aug 9 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Gertrude Guy

Sex, ~~Male~~ Female, { Cross out the words not required in this line. }

Age, one Years, Months, Days

Color, red

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 6. Bryan St

Cause of Death, { First (Primary,) Pertussis

{ Second (Immediate,) }

Duration of Last Sickness, one month

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, Aug 10 1877

{ Undertaker, S. W. Chase

{ Place of Business, Howard St

Address, Commis of Health
Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death except in cases of births and deaths of illegitimate children.

Information by, Willis Guy Father

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *19971*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

August 9th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Mina Seifert

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Female

Age, *one*

Years, *8*

Months, *11* Days, *11*

Color,

White

~~Married or Single~~, { Cross out the words not required in this line. }

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore City

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give street and number. }

No 310 Fayette St

Cause of Death, { First (Primary.) Second (Immediate.) }

Hydrocephalus

Duration of Last Sickness,

Two weeks

All the above information should be furnished by the Physician.

Place of Burial, *St. Alphonsus Cemetery*

Date of Burial, *Aug 10. 1877.*

Thomas J. Evans M. D.
Medical Attendant.

Undertaker, *H. Hoffmann*

Place of Business, *63 N. E. St.*

Address *No 18 Jackson Place*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *19972*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Aug 9 77

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents }

Catharine Crines

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *3 5* Years,

Months,

Days.

Color,

W

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth). }

Ireland

Duration of Residence in the City of Baltimore,

13 years

Place of Death, { Give street and number. }

15 Elizabeth Lane

Cause of Death, { First (Primary,) Second (Immediate,) }

Phthisis

Duration of Last Sickness,

24 years 6 months

All the above information should be furnished by the Physician.

Place of Burial, *Holy Cross Cem*

Date of Burial, *August 11th 1877*

Undertaker, *Julius Koehler* Address

Place of Business, *121 Sharp Cross St*

Dr. M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *19973.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *August 9 - 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Catharine Agnes Crockett*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *Seven* Years, *Fifteen* Months, *Days.*

~~Color,~~ Sex, *Female*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore County (near City)*

Duration of Residence in the City of Baltimore, *Four months*

Place of Death, { Give street and number. } *14 Addison Alley*

Cause of Death, { First (Primary,) Second (Immediate,) } *Enteric Colitis*
Exhaustion

Duration of Last Sickness, *Two weeks*

All the above information should be furnished by the Physician.

Place of Burial, *St Peter's Cemetery*

Date of Burial, *August 10th 1877*

A. McDowell M. D.
Medical Attendant.

{ Undertaker, *Peter Hummel*

{ Place of Business, *311 Mulberry St*

Address *91 Frederick Ave*
290 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

T Y ▲ F I L M

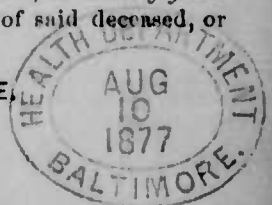
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *1997-f*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *9th of August 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Katharine Garty*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } *Female*

Age, *7* Years, *6* Months, *11* Days.

Color, *White* Sex, *Female*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Single*

Occupation, *None*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *103 North W. Baltimore*

Duration of Residence in the City of Baltimore, *103 North W. Baltimore*

Place of Death, { Give street and number. } *103 North W. Baltimore*

Cause of Death, { First (Primary,) *Whooping Cough* Second (Immediate,) *Cholera* }

Duration of Last Sickness, *Twenty four hours*

All the above information should be furnished by the Physician.

Place of Burial, *Western Cemetery* *D. A. Helmsman* M. D.

Date of Burial, *August 11th 1877* Medical Attendant.

{ Undertaker, *Peter Kimmert* Address *121 South W. Baltimore* }

{ Place of Business, *311 Mulberry St* }

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19975

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

August 8th 1877.

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Catherine Wehr.

Sex, Male or Female,

Cross out the word not required in this line.

Female

Age,

56

Years,

9

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Married

Occupation,

Wife.

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Germany

Duration of Residence in the City of Baltimore,

29 years

Place of Death,

Give street and number.

272 E. Monument.

Cause of Death,

First (Primary),
Second (Immediate).

Intemperance
Induration of Stomach

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Two months

Place of Burial,

Balt Cemetery

Date of Burial,

Aug 10 1877

Undertaker,

Chas. Boring

Place of Business,

136 E. Bay View

Address

Wm. D. M.D.
8 E. Fayette St.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19976.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

August 8th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Emma Ramsay

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age, Years,

Months,

Days.

Color,

Colored

Sex,

Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

16 Quinn's Court

Duration of Residence in the City of Baltimore,

Lifetime

Place of Death, { Give street and number. }

16 Quinn's Court

Cause of Death, { First (Primary,) Second (Immediate,) }

Bottle fed and neglected

Diarrhoea

Duration of Last Sickness,

During life

All the above information should be furnished by the Physician.

Place of Burial, 2445 St. Charles Cemetery

Date of Burial, August 11, 1877

M. D.

Medical Attendant.

{ Undertaker, Geo. S. Jones

Address

241 Broadway

{ Place of Business, 162 S. Calhoun St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19977

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

August 9th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Susan Atkinson

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Age,

47 - Years,

Months,

Days.

Color,

White

~~Married~~, Single, Widow or ~~Widower~~,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Pennsylvania

Duration of Residence in the City of Baltimore,

About 37 Years

Place of Death,

{ Give street and number. }

69 N. Arlington Avenue

Cause of Death,

{ First (Primary,) Second (Immediate,) }

Consumption

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

London Park

Date of Burial,

August 11th 1877

Undertaker,

E. Gray

Place of Business,

69 N. Arlington Avenue

W. R. McInerney M. D.
Medical Attendant.

Address 582. W. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19978

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, Aug 9th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Josiah Hanyman

Sex, Male ~~Female~~, { Cross out the words not required in this line. }

Age, 73 Years, Months, Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Stone

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Baltimore County

Duration of Residence in the City of Baltimore, 38 Years

Place of Death, { Give street and number. } 207 East Monument St

Cause of Death, { First (Primary.) Property of the heart & lungs
Second (Immediate.) Apoplexy }

Duration of Last Sickness, About a week

All the above information should be furnished by the Physician.

Place of Burial, Family Burial Ground on Belair Road Baltimore County

Date of Burial, Aug 11th

Undertaker, Geo. Schilling

Place of Business, Ashland Square

Medical Attendant, William T. Taylor M. D.
Address, Broadway & McElderry St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19979

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Aug 9th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Leonard E. Bean

Sex, Male ~~Female~~, { Cross out the word not required in this line. }

Age, Years, 11 Months, 28 Days.

Color, White

Married, Single, Widowed ~~Widower~~, { Cross out the words not required in this line. }

Occupation, None

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give street and number. }

Cor Charles & Oliver St

Cause of Death, { First (Primary,) Second (Immediate,) }

Dysenteric Dysentery
Typhoid
over two months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Aug 10/77

Elias C. Price M.D.
Medical Attendant.

Undertaker, J. W. M. M. M.

Place of Business, 35 Park Ave

Address 262 Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19980.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Aug 10th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

William Nicholson

Sex, Male or Female,

Cross out the word not required in this line.

Age,

Years,

6

Months,

Days.

Color,

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

No. 11 Little Pine St.

Cause of Death,

First (Primary.)

Inherited Syph.

Second (Immediate.)

Exhaustion

Duration of Last Sickness,

6 mcs.

All the above information should be furnished by the Physician.

Place of Burial,

Sharp St. [redacted]

Date of Burial,

Aug 10th 1877

Undertaker,

J. M. P. Gray

Place of Business,

65 Mulberry St.

Address

J. M. J. Lockwood

M. D.

Medical Attendant.

Dr. G. H. Disney

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

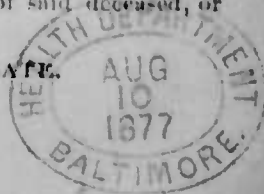
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19981

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

Aug 10th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Mary Elizabeth Carriday

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years,

3-

Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth). }

Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

129 Hudson St

Cause of Death, { First (Primary). Second (Immediate). }

Convulsions

Duration of Last Sickness,

One week

All the above information should be furnished by the Physician.

Place of Burial,

St. Patrick's Cemetery

Date of Burial,

August 10th 1877

Undertaker,

W. H. Gibmeyer

Place of Business,

341 Canton St.

Address

No 144 Chesapeake

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, if the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

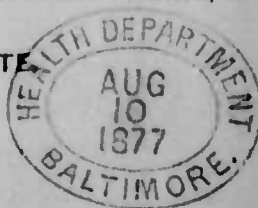
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19982.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, 9 Aug. 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Francis Kane

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age, 34 Years, 28 Months, Twelve Days.

Color, Colored Sex, Female

Married, ~~Single~~, ~~Widow~~, ~~Widower~~, { Cross out the words not required in this line. } Married

Occupation, 0

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Six Months

Place of Death, { Give street and number. } No 3. China St

Cause of Death, { First (Primary,) Second (Immediate,) } Puff's pneumonia

Duration of Last Sickness, About one year

All the above information should be furnished by the Physician.

Place of Burial, Sharp's Cemetery

Date of Burial, Aug 10 1877

{ Undertaker, W. H. Chase } Address
{ Place of Business, 108. Howard St }

G. H. Pape

M. D.

Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19983.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

August 8

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Mela Travis

Sex, ~~Male~~ or Female,

{Cross out the word not required in this line.}

Age,

Years,

Months,

25

Days.

Color,

Black

Married, Single, Widow or Widower,

{Cross out the words not required in this line.}

Occupation,

Birthplace,

{State or country (and how long in the United States, if of foreign birth.)}

Baltimore

Duration of Residence in the City of Baltimore,

Since Birth

Place of Death,

{Give street and number.}

89 S. Montgomery St

Cause of Death,

{First (Primary.)}

{Second (Immediate.)}

Infantile

Duration of Last Sickness,

Since Birth

All the above information should be furnished by the Physician.

Place of Burial,

Laurel Cemetery

Date of Burial,

August 9, 1877

Herndon D. Cook M. D.
Medical Attendant.

Undertaker,

Samuel Chase

Place of Business,

198 S. Howard St

Address 146 Banner St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

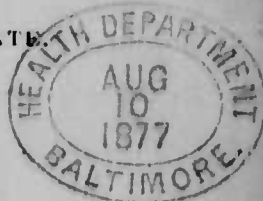
OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 199841

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

August 9th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

James Richard Barnett

Sex, Male or Female,

Cross out the word not required in this line.

Male

Age,

Years,

Months,

Forty

Days.

Color,

Palosed

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Single

Occupation,

Nothing

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore City, Maryland

Duration of Residence in the City of Baltimore,

Continued

Place of Death,

Give street and number.

No 97 Lee St

Cause of Death,

First (Primary),

Second (Immediate),

Myocarditis
Tuberculosis et convulsions

Duration of Last Sickness,

From Birth

All the above information should be furnished by the Physician.

Place of Burial,

Laurel Cemetery

Date of Burial,

Aug 10 1877

Undertaker,

S. W. Chase

Place of Business,

198 S. Howard St

Address

No 146 Hill St
Baltimore Md

J. D. Byer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

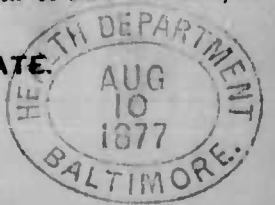
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19985.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

August 9

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Ada Estelle Stafford

Sex, Male or Female,

Cross out the word not required in this line.

female

Age,

Years,

7

Months,

17

Days.

Color,

white

Sex,

female

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

206 E. Fayette St

Cause of Death,

First (Primary),

Second (Immediate),

Marasmus

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Saw her the day she died

Place of Burial,

Baltimore

Date of Burial,

Aug 11 1877

Undertaker,

Thy & Bro

Place of Business,

37 N Broadway

Dr C Beuyng M. D.
Medical Attendant.

Address

18 W Broadway & Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19986

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, August 10th 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Rosa Isaac -

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, Years, 70 Months, 14 Days.

Color, White Sex,

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balt. City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } No. 56 Holliday St.

Cause of Death, { First (Primary,) General debility -
Second (Immediate,) }

Duration of Last Sickness, Sudden death -

All the above information should be furnished by the Physician.

Place of Burial, Ches. Sholam Cemetery R. H. Goldsmith M. D.

Date of Burial, August 12th 1877 " Medical Attendant.

{ Undertaker, Oppa Cilaw

{ Place of Business, 101 Gough St Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19987

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, August - 9th 1877 -
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Charles Payne -
Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }
Age, 0 Years, 5 Months, 0 Days.
Color, Black - Sex, male -
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation,
Birthplace, { State or country (and how long in the United States, if of foreign birth. } Bay view Asylum -
Duration of Residence in the City of Baltimore, Since birth
Place of Death, { Give street and number. } 237 Cross St -
Cause of Death, { First (Primary,) Entero-colic - Have not seen
Second (Immediate,) Exhaustion? This child for 1 week
Duration of Last Sickness, Said to have been two mos
All the above information should be furnished by the Physician.
Place of Burial, N. Park Cemetery
Date of Burial, Aug 10 1877
Undertaker, M. H. C. Perry Address 767 Madison Ave
Place of Business, 448 N. Pratt St

B. J. Grane M. D.
Dispensary
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19988

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, August 9th 1877
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } E. R. Richardson
Sex, Male or Female, { Cross out the word not required in this line. } Male
Age, 75 Years, Months, 11, Days.
Color, white Sex, Male
Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married
Occupation, none
Birthplace, { State or country (and how long in the United States, if of foreign birth. } Near Bel Air Maryland
Duration of Residence in the City of Baltimore, fifteen years
Place of Death, { Give street and number. } 441 N. Central Ave.
Cause of Death, { First (Primary,) } Dropsy
{ Second (Immediate,) } Cardiac Dropsy
Duration of Last Sickness, Five weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Aug 11th

{ Undertaker, Geo. Schelling

{ Place of Business, Ashland Square

A. G. Hutton

M. D.

Medical Attendant.

Address

441 N. Central Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. *19989*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *Aug 9. 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Joseph Wilson*

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, *11* Years, *11* Months, Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore*

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } *249 S. Charles st*

Cause of Death, { First (Primary), Second (Immediate.) } *Enterocolitis*

Duration of Last Sickness, *2 month*

All the above information should be furnished by the Physician.

Place of Burial, *Western Cemetery T. Dangles*

Date of Burial, *Aug. 11th 1877*

M. D.

Medical Attendant.

{ Undertaker, *Charles F. Oberholser*

{ Place of Business, *167 Hanover st*

64. William st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish in forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 199901

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Aug 9th

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

~~Barbara~~ Barbara Welch

Sex, Male or Female,

{ Cross out the word not required in this line. }

Female

Age,

Years,

6

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

City

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give street and number. }

15 Point Lane

Cause of Death,

{ First (Primary,) }

{ Second (Immediate,) }

Cholera Infantum

Duration of Last Sickness,

4 days.

All the above information should be furnished by the Physician.

Place of Burial,

St. Mathias Cemetery

Date of Burial,

Aug 11 1877.

{ Undertaker,

Chas. Rossing

{ Place of Business,

136. E. Bay St.

Abraham B. Smith

M. D.

Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

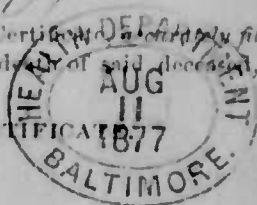
Board of Health, City of Baltimore.

Permit No. 19991.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

10th August 1877

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Ella Jones

Sex, Male or Female,

Cross out the word not required in this line.

Age,

Years,

Six

Months,

—

Days.

Color,

Black

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Balto—

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

104 Henetta.

Cause of Death,

First (Primary.)

Moracms

Second (Immediate.)

Duration of Last Sickness,

Since Birth

All the above information should be furnished by the Physician.

Place of Burial,

Laurel Cemetery

Date of Burial,

Aug 11th

A. M. Dodge

M. D.

Medical Attendant.

Undertaker,

Geo Davis

Place of Business,

103 Lee St

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 19,992

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, August 10th 1877
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry Apple
Sex, Male or Female, { Cross out the words not required in this line. }
Age, 86 Years, Months, Days
Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Sailor

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Germany

Duration of Residence in the City of Baltimore, 50 years

Place of Death, { Give street and number. } 241 Madison St.

Cause of Death, { First (Primary.) Apoplexy
Second (Immediate.) Paralysis

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, German Cemetery

Date of Burial, Aug 12th

Undertaker, Geo. Schilling

Place of Business, Ashland Square

Address, Broadway
J. H. Hume M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19,993,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

CERTIFICATE OF DEATH.



Date of Death, Aug 10th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Jane H. Smith

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 3 4 Years, _____ Months, _____ Days.

Color, White Sex, female

Married, ~~Single~~, ~~Widow~~ or ~~Married~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore county - Md

Duration of Residence in the City of Baltimore, about twenty years

Place of Death, { Give street and number. } Near Liberty Road

Cause of Death, { First (Primary,) Complications of Causas
Second (Immediate,) Encephalitis

Duration of Last Sickness, Several weeks - under my care four days

All the above information should be furnished by the Physician.

Place of Burial, Forden Park

Date of Burial, Aug 11

{ Undertaker, C. H. Blyden

{ Place of Business, 200 Pen ar

Ac J. H. Hughes, M. D.
Medical Attendant.

Address 234 N. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

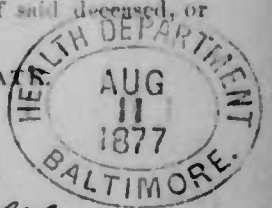
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19994

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

August 10th 1877.
Coko J. M. Rhodes.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 6 Years,

7 Months,

4 Days.

Color,

White.

Married, Single, Widowed or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary.)
Second (Immediate.) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Aug 12

Undertaker,

Place of Business,

Edw Pennington
201 Penna

Edw Pennington M. D.
Medical Attendant.

Address 98 N Greene st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19,995.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, August 11, 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Solomon Myers

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 14 Years, 8 Months, 3 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore, City

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number. } 235 S. Bond St.

Cause of Death, { First (Primary,) Valvular Heart disease
Second (Immediate,) }
Duration of Last Sickness, Two years

All the above information should be furnished by the Physician.

Place of Burial, Eden Hobnau Cemetery

Date of Burial, August 13th 77

{ Undertaker, J. J. Gilman }

{ Place of Business, 101 Gough St }

James E. Denville M. D.
Medical Attendant.

Address 299 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *19,996*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *Friday Aug 10th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Alice D. Bostwick*

Sex, ~~Male~~ or Female, { Cross out the words not required in this line. } *Female*

Age, *1* Years, *10* Months, *10* Days

Color, _____

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in United States, if of foreign birth.) } *Baltimore City*

Duration of Residence in the City of Baltimore, *Two months*

Place of Death, { Give street and number. } *No 9 Bennett St*

Cause of Death, { First (Primary,) *Dentation*
Second (Immediate,) *Marasmus* }

Duration of Last Sickness, *Two months*

All the above information should be furnished by the Physician.

Place of Burial, *McCauley Cemetery*

Date of Burial, *Aug 11th 1877*

{ Undertaker, *Hughes & Co*

{ Place of Business, *65 S. Broadway*

J. E. Richardson M.D.
Medical Attendant.

Address, *28 O'Donnell St*

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19,997.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Aug 10 1877

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Lydia Whelan

Sex, ~~Male~~ Female,

{ Cross out the words not required in this line. }

Age,

8

Years,

Months,

Days

Color,

Black

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in United States, if of foreign birth.) }

Baltimore City

Duration of Residence in the City of Baltimore,

Life

Place of Death,

{ Give street and number. }

129 Rushman St
Putrid Sore Throat,

Cause of Death,

{ First (Primary,) }

{ Second (Immediate,) }

Duration of Last Sickness,

2 weeks

All the above information should be furnished by the Physician.

Place of Burial,

Laurel Cemetery

Date of Burial,

Aug 11 1877

Thos. S. Sturges

M. D.

{ Undertaker,

Thos. J. Locks

{ Place of Business,

Jefferson St

Address,

Commiss of Health

Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death except in cases of births and deaths of illegitimate children.

Information by J. M. Crook Nurse

(OVER.)

Board of Health, City of Baltimore,

Permit No. 19,998.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, Months, Days.

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial, M. D.

Undertaker,

Place of Business,

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *19999*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

August 10th 1877

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Annie Chambers

Sex, Male or Female,

{ Cross out the word not required in this line. }

Female

Age,

Years,

5

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Balto. City

Duration of Residence in the City of Baltimore,

Since birth

Place of Death,

{ Give street and number. }

310 E. Fayette

Cause of Death,

{ First (Primary.) }

{ Second (Immediate.) }

*Diphtheria
Exhaustion
One week*

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

St. Albans' Church

Date of Burial,

August 11, 1877.

G. L. Wilkins

M. D.

Medical Attendant.

Undertaker,

H. Hoffman

Place of Business,

63 N. Eden St.

Address

77 So Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...to be filled out in the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

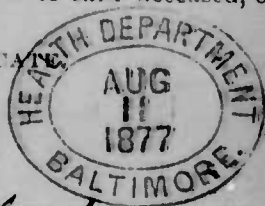
Permit No. 20000

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, Aug 9th 1877

Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents. Mahale Highman

Sex, Male or Female, Cross out the words not required in this line.

Age, 71 Years, — Months, — Days

Color, white

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, Cross out the words not required in this line.

Occupation, —

Birthplace, State or country (and how long in United States, if of foreign birth.) E. Shore Md.

Duration of Residence in the City of Baltimore, 20 years

Place of Death, Give street and number. 71 Chesnut St

Cause of Death, First (Primary), old age.
Second (Immediate), Senile Decay

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 11th 1877 James H. Stenon M.D.

Undertaker, W. M. Bringer Address, Commis of Health

Place of Business, East St Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by J. M. Cook Nurse [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2007

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE



CERTIFICATE OF DEATH.

Date of Death, Aug 9th
 Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } May Emma Gibson
 Sex, Male or Female, { Cross out the word not required in this line. }
 Age, 1 Years, 3 Months, Days.
 Color, Black Sex,
 Married, Single, Widow or Widower, { Cross out the words not required in this line. }
 Occupation,
 Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore
 Duration of Residence in the City of Baltimore, Since Birth
 Place of Death, { Give street and number. } No Donough St
 Cause of Death, { First (Primary), Second (Immediate), } Cholera Infantum
 Duration of Last Sickness, 2 Months
All the above information should be furnished by the Physician.
 Place of Burial, Grand Cemetery
 Date of Burial, August 11
 Undertaker, William C. Dwyer Address S E Cor Gay & Caroline
 Place of Business, 62 East St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *20002*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

August 10th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Annie E. Powell

Sex, ~~Male~~ Female,

Cross out the words not required in this line.

Female

Age,

Years,

3

Months,

Days

Color,

Colored or Black.

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in United States, if of foreign birth.)

Baltimore

Duration of Residence in the City of Baltimore,

Lifetime

Place of Death,

Give street and number.

37 Peach Alley.

Cause of Death,

First (Primary),

Second (Immediate),

Cholera infantum

Duration of Last Sickness,

Three weeks

All the above information should be furnished by the Physician.

Place of Burial,

St. Paul St

Date of Burial,

August 11

Undertaker,

Heracles Ross

Place of Business,

180 W. St

L. H. L. Tall

M. D.

Medical Attendant.

Address,

152. Sharp St.

Baltimore

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 211003,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Sex, Male or Female,

Cross out the word not required in this line.

Age,

2

Years

Color,

Color: & D.

1

Months,

Days.

~~Married, Single, Widow or Widower,~~ *Cross out the words not required in this line.*

Occupation,

Birthplace, *State or country (and how long in the United States, if of foreign birth.)*

Duration of Residence in the City of Baltimore,

Place of Death, *Give street and number.*

Cause of Death, *First (Primary), Second (Immediate),*

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, *Laurel Cemetery*

Date of Burial, *August 11, 1877*

Undertaker, *Wm. C. Gadsden*

Place of Business, *1313 Park Ave.*

S. W. Morris M. D.
Medical Attendant.
Address *Co. Street & Pastern*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

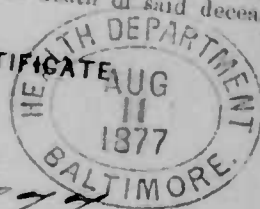
Board of Health, City of Baltimore,

Permit No. 20004

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE



CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased,

Sex, Male or Female,

Age,

Color,

Married, Single, Widow or Widower,

Occupation,

Birthplace,

Duration of Residence in the City of Baltimore,

Place of Death,

Cause of Death,

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

Undertaker,

Place of Business,

Address

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 20005

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, and to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, to so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, August 10, 1877

Full Name of Deceased, { Write legibly and read correctly. If an infant not named, give names of parents. } Matthew O'Brien

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 2 Years, 6 Months, 11 Days.

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~ { Cross out the word not required in this line. }

Occupation, _____

Birthplace, { State or country and how long in the United States. If of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number. } No 118 Lehigh St.

Cause of Death, { First (Primary.) Second (Immediate.) } Scalation

Duration of Last Sickness, 1 Month & over

All the above information should be furnished by the Physician

Place of Burial, Holy Cross Cemetery

Date of Burial, August 12 1877

Undertaker, James P. Byrne

Place of Business, No 63 N. Street

Address (83 N. Fayette St. Baltimore City)

A. J. Scarff M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

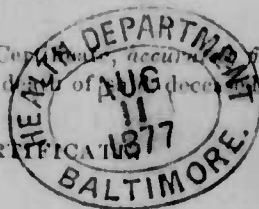
Board of Health, City of Baltimore,

Permit No. *211006*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

Aug. 9th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents }

Conrad Jannenfels

~~Sex~~, Male or ~~Female~~, { Cross out the word not required in this line. }

Age,

35 Years,

1 Months,

Days.

Color,

White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Laborer

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Balt.

Duration of Residence in the City of Baltimore,

During life time

Place of Death, { Give street and number. }

No. 8 Canton St. Balt.

Cause of Death, { First (Primary,) Second (Immediate,) }

Effects of burn

Duration of Last Sickness,

2 days

All the above information should be furnished by the Physician.

Place of Burial, *Mt. Carmel Ctz.*

Date of Burial,

Aug 12th

{ Undertaker,

H. Frohlich

{ Place of Business,

246 Eastern Ave.

R. W. Mansfield

M. D.

Medical Attendant.

Address

117 E. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. **20007**

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

August 11th 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Florence Elmer Wilson

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 2 Years, 6 Months, 21 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Balt. City

Duration of Residence in the City of Baltimore, 2 years 6 months 21 days

Place of Death, { Give street and number. }

225 Pierce Street

Cause of Death, { First (Primary,) Second (Immediate,) }

Diphtheria
2 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Aug 12 1877

Undertaker, Adam Weidenberg

Place of Business, 578¹/₂ Balto St.

Philip Winter & M. D.
Medical Attendant.

Address 323 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. **20008,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

Aug 11/77

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents }

Fred. Carl Meyer

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age,

Years,

3

Months,

Days.

Color,

white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

city

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

301 N Eden St

Cause of Death, { First (Primary,) Second (Immediate,) }

*Cholera infantum
exhaustion*

Duration of Last Sickness,

1 week

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore Cemetery

Date of Burial,

August 13 1877

J. A. Warner

M. D.

Medical Attendant.

{ Undertaker,

Henry Hoek

{ Place of Business,

300 Central Ave.

Address

256 N Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[SEAL]

No. 20009

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 211009

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, Aug. 11th 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Saml. I. Zildin Minton

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, Years, 8 Months, 18 Days.

Color, White Sex, male.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

27 N. Green St.

Cause of Death, { First (Primary,) Second (Immediate,) }

Marasmus.

Duration of Last Sickness,

2 Mos.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, August 13th

J. G. McShane M. D. Medical Attendant.

{ Undertaker, J. J. Levensons }
 { Place of Business, 308 N. Baltimore St. }

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

S A F E T Y ▲

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *and is to be called out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

Date of Death, August 10th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Wilhelmina Hauger*

Sex, ~~Male or Female~~, {Cross out the word not
required in this line.}

Age, 1 Years, 11 Months, 30 Days.

Color, *White* Sex, *Female*

Married, Single, Widow or Widower, { Cross out the words not
required in this line. }

Occupation, _____

Birthplace, { State or country (and how
long in the United States, if
of foreign birth.

Baltimore

Duration of Residence in the City of Baltimore, _____

Place of Death, { Give street and }
number. } 155 Hampton St

Cause of Death, { First (Primary,) Diphtheria
Second (Immediate,) Scarlatina

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, *St. Ephraim Co. N. H.*

Date of Burial, 12th of August 1861, Medical Attendant.

{ Undertaker, *Philipp Seward* Address *5 Franklin St*
 { Place of Business, *35 S. Eutan St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

K O D A K

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20011

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, which must be filled out, to the Undertaker or other person superintending the Burial, within twenty-four hours after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents }

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Color,

3 Years,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cemetery

Date of Burial, Aug. 12th 1877

Undertaker, Wm. St. Sicker

Place of Business, 234 N. Gay St

Months,

White

Days.

Balto. Md.
Whole life
Mt. Morris Hill

Inflammation of Brain
3 days

Silas W. Hunter M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth the name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 20012

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21112

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

Sept 11th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Malinda Conrad Nyx

Sex, ~~Male~~ Female,

Cross out the words not required in this line.

Age,

Years,

Months,

4 hours

Color,

white

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in United States, if of foreign birth.)

Balto City

Duration of Residence in the City of Baltimore,

Life

Place of Death,

Give street and number.

147 W. Kallas St

Cause of Death,

First (Primary.)

Second (Immediate.)

Convulsions

Duration of Last Sickness,

Life

All the above information should be furnished by the Physician.

Place of Burial,

Balto Cemetery

Date of Burial,

Sept 12th 1877

James H. Stenard, M.D.

Undertaker,

H. Schultze

Place of Business,

Memorials

Address, Commissioner of Health

J. Rogers

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Maria R. Reediger, M.D. [OVER.]

No. 20,000
The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

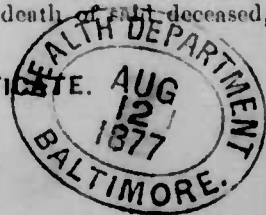
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21113,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, Aug 11th 77
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Martin Guitari
Sex, Male or Female, { Cross out the word not required in this line. }
Age, 30 Years, Months, Days.
Color, white Sex,
Married, Single, Widowed or Widower, { Cross out the words not required in this line. }
Occupation, Sailor
Birthplace, { State or country (and how long in the United States, if of foreign birth. } Italy
Duration of Residence in the City of Baltimore, Sailor on Bark Confianza in harbor
Place of Death, { Give street and number. } Wells Wharf
Cause of Death, { First (Primary,) Accidental fall from the mast.
Second (Immediate,) Drowning
Duration of Last Sickness, sudden death
All the above information should be furnished by the Physician.
Place of Burial, St Patrick Cemetery
Date of Burial, 12 August 1877
Undertaker, John P. Githuk
Place of Business, 265 Allen Ave. Address 180 Linden Ave
Edmund R. Walker M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 20014

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 20014

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *separately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, Aug 9
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Lottie Taylor
Sex, Male or Female, { Cross out the word not required in this line. } Female
Age, 1 Years, 8 Months, 10 Days.
Color, { Cross out the words not required in this line. }
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation,
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore Md.
Duration of Residence in the City of Baltimore,
Place of Death, { Give street and number. } R. 109 St. and 1000 Ave. A
Cause of Death, { First (Primary,) Whooping Cough
Second (Immediate,)
Duration of Last Sickness,
All the above information should be furnished by the Physician.
Place of Burial, Laurel Cemetery
Date of Burial, August 12
{ Undertaker, William H. Dwyer
Place of Business, 10 Western Alley
Address 554 W. 10th St.
R. K. Knaus M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

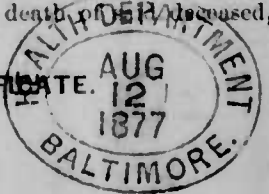
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20115

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *Aug. 10th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Robert Jefferson*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, _____ Years, *8* Months, _____ Days.

Color, *Color &* Sex, *Male*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Single*

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Balto Md.*

Duration of Residence in the City of Baltimore, *During life*

Place of Death, { Give street and number. } *347 W. Howard St*

Cause of Death, { First (Primary,) *Capillary Bronchitis*
Second (Immediate,) _____

Duration of Last Sickness, *about one week*

All the above information should be furnished by the Physician.

Place of Burial, *Thurpe St Cemetery*

Date of Burial, *August 12*

{ Undertaker, *William H. Duque*

{ Place of Business, *10 Helen Alley*

J. D. Thomson M. D.
Medical Attendant.

Address *No 80 Madison*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

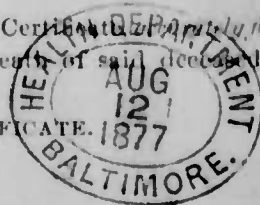
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *20016*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

August 11

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Walter Buech

Sex, Male or ~~Female~~,

Cross out the words not required in this line.

Age,

21

Years,

Months,

Days

Color,

White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~,

Cross out the words not required in this line.

Occupation,

Plumber

Birthplace,

State or country (and how long in United States, if of foreign birth.)

Baltimore

Duration of Residence in the City of Baltimore,

Since Birth

Place of Death,

Give street and number.

1494 Light St

Cause of Death,

First (Primary.)

Pneumonia

Second (Immediate.)

Phthisis

Duration of Last Sickness,

3 years and 8 months

All the above information should be furnished by the Physician.

Place of Burial,

Balto Cemetery

Date of Burial,

Aug. 14th 1877

Undertaker,

H. B. Jenkins of

Place of Business,

16 Light St.

Address,

146. Howard St

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 2007
The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

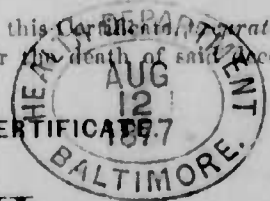
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21117,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ^{separately filled out}, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *5:20 P.M. Friday Aug 10th 1897*
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Anna Mellegan*
Sex, *Male* or Female, { Cross out the word not required in this line. } *Female*
Age, *32* Years, _____ Months, _____ Days.
Color, *Caucasian* Sex, *Female*
Married, *Single*, *Widow*, or *Widower*, { Cross out the words not required in this line. } *Married*
Occupation, _____
Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Annapolis*
Duration of Residence in the City of Baltimore, *35 years*
Place of Death, { Give street and number. } *119 Boston St*
Cause of Death, { First (Primary),
Second (Immediate), } *Asthemia
Ascetis*
Duration of Last Sickness, *5 months*
All the above information should be furnished by the Physician.
Place of Burial, *Gall's Cemetery*
Date of Burial, *August 12, 1897*
J. E. Richard M. D.
Medical Attendant.
{ Undertaker, *John W. Lohr*
Place of Business, *59 E. Wolfe St*
Address *28 O'Donnell St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *20018*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *Aug ~~July~~ 11, 1877*
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Daniel E. Freeman*
Sex, Male or ~~Female~~, { Cross out the word not required in this line. } *Male*
Age, *Two* Years, *Three* Months, *Two* Days.
Color, *colored*
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation, _____
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore, Md.*
Duration of Residence in the City of Baltimore, *Since Birth*
Place of Death, { Give street and number. } *No. 239 N. Durham St.*
Cause of Death, { First (Primary.) } *Whooping Cough*
{ Second (Immediate.) } *Convulsions*
Duration of Last Sickness, *Two weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Laurel Cemetery*
Date of Burial, *Aug 12 1877*
{ Undertaker, *Theo J. Locke* } *Wm H. Clendenen* M. D. Medical Attendant.
{ Place of Business, *50 Jefferson* } Address *No. 102 N. Bond Street*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *211191*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *and is filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death, and *deceased* sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *Aug. 11/77*
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Henric G. Bruck*
Sex, Male or Female, { Cross out the word not required in this line. }
Age, Years, *14* Months, *2* Days.
Color, *White*
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation,
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Balt. Md.*
Duration of Residence in the City of Baltimore, *14 mos. 2 days*
Place of Death, { Give street and number. } *247 Columbia St.*
Cause of Death, { First (Primary), Second (Immediate), } *Convulsion*
Duration of Last Sickness, *48 days*
All the above information should be furnished by the Physician.
Place of Burial, *Saint Peters*
Date of Burial, *August 13 1877*
{ Undertaker, *Charles F. Herold* Address *379 W. Lombard St.*
{ Place of Business, *161 H. Avenue St.*

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 20020
The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20020

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE



CERTIFICATE OF DEATH.

Date of Death,

August 11th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Elizabeth ~~Smith~~ Lemmon
Female

Sex, ~~Male~~ or Female,

Cross out the word not required in this line.

Age,

35

Years,

Months,

Days.

Color,

White

Sex,

Female

Married, ~~Single~~ ~~Widow~~ ~~Widower~~

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Ireland

Duration of Residence in the City of Baltimore,

25 years

Place of Death,

Give street and number.

No 19 N. Smith

Cause of Death,

First (Primary),
Second (Immediate)

Washing 16 days after labor -
(Probably) Heart trouble -

Duration of Last Sickness,

Fifteen minutes

All the above information should be furnished by the Physician.

Was dying when I arrived.

Place of Burial,

Western Cemetery

Thomas Opie

M. D.

Date of Burial,

August 13th 1877

Medical Attendant.

Undertaker,

H. W. Mears

Address

396 N. Fayette St.

Place of Business,

45 N. Gay St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20021

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

August 12/77

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Andrew R. Henze

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years,

10

Months,

16

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

10 mos 16 days

Place of Death, { Give street and number. }

206 W. Baltimore St.

Cause of Death, { First (Primary,) ... Second (Immediate,) ... }

Chorea Infantum
Convulsions

Duration of Last Sickness,

5 Weeks

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore

Date of Burial,

Aug 13th

{ Undertaker,

Wm. J. Tickner

{ Place of Business,

65 S. Eutaw St

Address

377 N. Lombard St

J. X. Spicer

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 211022

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Aug 12th 1877.

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Child of J. H. Carter

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Bertha Ann

Age,

Years,

Months,

Days.

White

Color,

~~Married~~, Single, ~~Widow~~ or ~~Widower~~,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Balk

Duration of Residence in the City of Baltimore,

Since Birth
101 N. Poppleton St.

Place of Death,

{ Give street and number. }

Premature Birth (7 mos)
Inanition

Cause of Death,

{ First (Primary),
Second (Immediate), }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Western Cemetery

Date of Burial,

August 13

{ Undertaker,

J B Cook

{ Place of Business,

407 West Baltimore

Address

363 Franklin St.

J. W. C. Cuddy,

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20023,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Aug. 12th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Lily May Herold

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 10 Years,

10 Months,

Days.

Color,

white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

294 Canton av.

Cause of Death, { First (Primary,) Second (Immediate,) }

Typhoid fever

Duration of Last Sickness,

10 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, August 14th 1877

{ Undertaker, H. Froehlich

{ Place of Business, 216 Easton

R. W. Mansfield M. D.
Medical Attendant.

Address 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 20024
The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

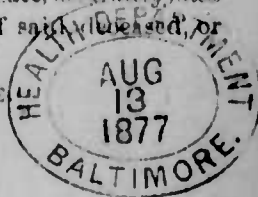
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20024

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, August 11 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James Ryan

Sex, Male or Female, { Cross out the words not required in this line. }

Age, 1 Years, — Months, 13 Days

Color, Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Baltimore

Duration of Residence in the City of Baltimore, since birth

Place of Death, { Give street and number. } 372 Cross St

Cause of Death, { First (Primary,) Second (Immediate,) } Peripneumonia Diarrhea

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 14 1877

Undertaker, W. M. Chase

Place of Business, No 198 1/2 Howard

Therodore Scott M. D.
Medical Attendant.

Address, 146. Howard

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 20020
The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 211125

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, August 11th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Julius Carroll

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Thirty five Years, Seven Months, Days.

Color, Colored Sex,

Married, Single, Widowed or Widower, { Cross out the words not required in this line. } Single

Occupation, Waiter

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Somerset Co Md

Duration of Residence in the City of Baltimore, Eleven years

Place of Death, { Give street and number. } No 13 Lombard St

Cause of Death, { First (Primary,) Phthisis
Second (Immediate,)

Duration of Last Sickness, Five Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 14 1877

H S Bowie M. D.
Medical Attendant.

{ Undertaker, W H Chase

{ Place of Business, 192 Howard St

Address No 1 Edmondson Ct

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21126,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE



CERTIFICATE OF DEATH.

Date of Death,

Aug 12 - 1877.

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Henry Allen -

Sex, Male or Female,

Cross out the word not required in this line.

Age,

Years,

Months,

Days.

Color,

Black -

Sex,

Married, Single, Widowed or Widower,

Cross out the words not required in this line.

Occupation,

None

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore Md -

Duration of Residence in the City of Baltimore,

All his life

Place of Death,

Give street and number.

2 Albanian St -

Cause of Death,

First (Primary),

Scrophula

Second (Immediate),

Arthemia -

Duration of Last Sickness,

Probably congenital.

All the above information should be furnished by the Physician.

Place of Burial,

Lawrence Cemetery

Date of Burial,

Aug 14 1877

Undertaker,

W. H. Chase

Place of Business,

No 178 Howard

Address

J. A. M. D.
Medical Attendant.
Lambert St. Park M -
Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition, (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 20027
The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21127

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, August 11, 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Samuel A. Brooks

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Years, Seven Months, Days.

Color, Colored Sex,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 110 Pearce St.

Cause of Death, { First (Primary,) Meningitis
Second (Immediate,) Convulsions

Duration of Last Sickness, 15 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 14 1877

{ Undertaker, H. H. Chase

{ Place of Business, 178 Howard St Address 93 Green St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

No. 20028

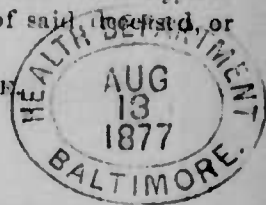
Board of Health, City of Baltimore,

Permit No. 20028

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, Sept. 10 1877

Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents. Harriet Feriman

Sex, Male Cross out the words not required in this line.

Age, 5 Years, 5 Months, Days

Color, Black

Married, Single, Widow or Widower, Cross out the words not required in this line.

Occupation,

Birthplace, State or country (and how long in United States, if of foreign birth.) Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, Give street and number. 111 Little Pine St

Cause of Death, First (Primary.) Artificial Nursing

Second (Immediate.) Convulsions

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 13 1877 James A. Stenard M.D.

Undertaker, W. Das Gray

Place of Business, Middleton St

Address, Commissioner of Health
Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by, Maria Keegan mother

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

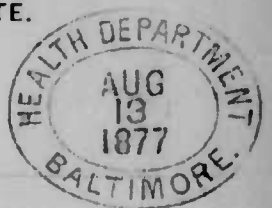
OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21129

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Aug 11, 1877

Full Name of Deceased,

Write legibly and correctly. If an infant not named, give names of parents.

Nannie Green

Sex, ~~Male~~ Female,

Cross out the word not required in this line.

Age,

Years,

Month,

Days.

Color,

Black

Sex,

Female

~~Married~~ Single, ~~Widow~~ or ~~Widower~~,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

City

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

89 Moore's Alley

Cause of Death,

First (Primary)

Second (Immediate)

Cholera Infantum

Duration of Last Sickness,

2 weeks

All the above information should be furnished by the Physician.

Place of Burial,

N. Park Cemetery

Date of Burial,

Aug 13, 1877

Shoemaker Townsend M. D.
Medical Attendant.

Undertaker,

M. H. C. Perry

Place of Business,

Pratt St

Address

216 N. Howard Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 20000

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

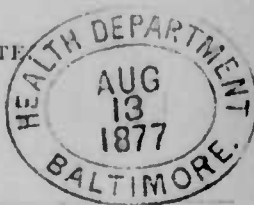
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21130

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

**CERTIFICATE OF DEATH.**

Date of Death,

August - 11th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Sarah Brownly

Sex, ~~Male~~ or Female,

Cross out the words not required in this line.

Female

Age,

1

Years,

2

Months,

Days

Color,

Colored.

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in United States, if of foreign birth.)

Baltimore

Duration of Residence in the City of Baltimore,

Lifetime

Place of Death,

Give street and number.

35 Peach Alley.

Cause of Death,

First (Primary),

Cholera Infantum

Second (Immediate),

2 months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Green Mount

Date of Burial,

August 13th 1877

Undertaker,

J. C. Davis

Place of Business,

103 E. 8th St.

Address,

152 Sharp St.

Baltimore

J. H. Tall M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

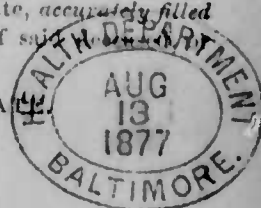
Board of Health, City of Baltimore,

Permit No. *211031*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *August 12th 1877*
Full Name of Deceased, *Write legibly and spell correctly. If an Infant not named, give names of parents.* *M. C. Mc. Dorman*
Sex, Male or Female, *Cross out the word not required in this line.* *Male*
Age, *1* Years, *7* Months, Days.
Color, *White*
Married, Single, Widow or Widower, *Cross out the words not required in this line.*
Occupation,
Birthplace, *State or country (and how long in the United States, if of foreign birth.)* *Baltimore City*
Duration of Residence in the City of Baltimore, *Life*
Place of Death, *Give street and number.* *No. 78 S. Washington St*
Cause of Death, *First (Primary,) Second (Immediate,)* *Cholera Infantum*
Duration of Last Sickness, *Two Weeks*
All the above information should be furnished by the Physician.
Place of Burial, *Darnes Quarterm*
Date of Burial, *Aug 13. 11 a.m.*
Sommersett Co
Undertaker, *M R Hare*
Place of Business, *233 E Ball*
Address, *233 E Ball*
M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 857

[OVER]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 211032,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, Aug 12 1877
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Adrian Karminski*
Sex, Male or ~~Female~~, { Cross out the word not required in this line. }
Age, 29 Years, Months, Days.
Color, *White* Sex,
Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. }
Occupation, *Laborer*
Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Posen - Prussia 4 1/2 h. Russia*
Duration of Residence in the City of Baltimore, *4 yrs.*
Place of Death, { Give street and number. } *St. Hospital*
Cause of Death, { First (Primary,) *Inflammation of Brain -*
Second (Immediate,) *Coma -*
Duration of Last Sickness, *10 days*
All the above information should be furnished by the Physician.
Place of Burial, *St. Alphonsus Cemetery, C. J. Kelly* M. D.
Date of Burial, *Aug 13 1877* Medical Attending
{ Undertaker, *H. Schutthes* Address *188 N. Calvert St.*
{ Place of Business, *Monument St.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate. No. 20033

Board of Health, City of Baltimore,

Permit No. 21133

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

12th Aug 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Amanda Williams

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

2

Years,

8

Months,

Days.

Color,

Black

Sex,

Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

223 Mulliken St

Cause of Death, { First (Primary,) Second (Immediate,) }

Cholera Infantum

Duration of Last Sickness,

3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Gallis cemetery

Date of Burial, Aug 13. 77

W. A. Hill

M. D.

Medical Attendant

{ Undertaker, John W. Lark

{ Place of Business, 593. Wolfe St

Address

310. Bond St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The special attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

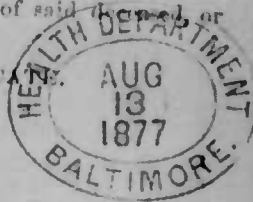
Board of Health, City of Baltimore.

Permit No. *21134*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *Aug 12th .77.*
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Clara L. Clark*
Sex, Male or Female, { Cross out the word not required in this line. } *Female*
Age, *3* Years, *1* Months, *3* Days.
Color, *White*
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation,
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Balto. Md.*
Duration of Residence in the City of Baltimore, *during life.*
Place of Death, { Give street and number. } *116 Hamburg St.*
Cause of Death, { First (Primary.) *Scarletina*
Second (Immediate.)
Duration of Last Sickness, *7 days*
All the above information should be furnished by the Physician.
Place of Burial, *Magnolia Cemetery*
Date of Burial, *Aug 14th 1877*
{ Undertaker, *Henry Perry*
Place of Business, *Light* }
J. E. Harrington M. D. Medical Attendant.
Address *321 Light St.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 20000
The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

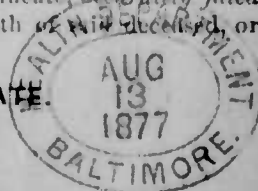
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2111 357

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *August 12, 1877*
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *John Willis*
Sex, Male or ~~Female~~, { Cross out the word not required in this line. }
Age, *Thirty-Three* Years, _____ Months, _____ Days.
Color, *Colored* Sex, _____
Married, ~~Single~~, ~~Married~~ or ~~Widowed~~, { Cross out the words not required in this line. }
Occupation, *Laborer*
Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Norfolk, Virginia*
Duration of Residence in the City of Baltimore, *Twenty-Eight* yrs.
Place of Death, { Give street and number. } *Baltimore City, 50 Hampshire St.*
Cause of Death, { First (Primary,) Second (Immediate,) } *Suddenly.*
Duration of Last Sickness, *Unknown*
All the above information should be furnished by the Physician.
Place of Burial, *Laurel Cemetery*
Date of Burial, *August 14 1877*
{ Undertaker, *W. M. Dunge* Address *311 N. Broadway* }
{ Place of Business, *East St* }

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

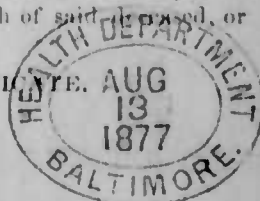
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 211036,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

August 12th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Mary Catharine Drury

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Female

Age,

Years,

four

Months,

Days.

Color,

Abundant

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Infant

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Baltimore City

Duration of Residence in the City of Baltimore,

Since Birth

Place of Death,

{ Give street and number. }

193 Chapel Street (N),
Pertussis

Cause of Death,

{ First (Primary),

Second (Immediate), }

Duration of Last Sickness,

this child was dead when I arrived at home

All the above information should be furnished by the Physician.

Place of Burial,

Laurel Cemetery

Date of Burial,

Aug 14th 1877

Undertaker,

Theodore J. Locks

Place of Business,

56 Jefferson St

J. Edwin Whitford

M. D.

Medical Attendant.

Address

440 E. Chase St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 2000
The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21137

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *Aug 12 1877*
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *John Wehnert*
Sex, Male ~~Female~~; { Cross out the words not required in this line. }
Age, *6* Years, *12* Months, *12* Days
Color, *white*
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation,
Birthplace, { State or country (and how long in United States, if of foreign birth.) } *Balto City*
Duration of Residence in the City of Baltimore, *Life*
Place of Death, { Give street and number. } *85 E. Eager St*
Cause of Death, { First (Primary,) *Aspiration*
Second (Immediate,) *Brain trouble* }
Duration of Last Sickness, *4 weeks*
All the above information should be furnished by the Physician.

Place of Burial, *Balto Cemetery*
Date of Burial, *Aug 13 1877*
Undertaker, *Geo Wehnert*
Place of Business, *85 E. Eager St*
Address, *Commissioner of Health & Registrar*
James A. Stewart M.D.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by *George Wehnert father*

Physicians are respectfully invited to the remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. *24138*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *August 12th 77*

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents.

Mary Prott

Sex, ~~Male~~ or Female, Cross out the word not required in this line.

Age, *28* Years, _____ Months, _____ Days.

Color, *White*

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, Cross out the words not required in this line.

Occupation, _____

Birthplace, State or country (and how long in the United States, if of foreign birth.)

Bohemia

Duration of Residence in the City of Baltimore, *7* years

Place of Death, Give street and number.

572 E. Monument St

Cause of Death, First (Primary),

Typhus abdominalis while pregnant
Second (Immediate), *Abortus, haemorrhagia uteri, collapse.*

Duration of Last Sickness, *14* days

All the above information should be furnished by the Physician.

Place of Burial, *St Alphonsus Co*

Date of Burial, *Oct 13th*

Undertaker, *Wendelme Dippel*

Place of Business, *151 D Bond*

Address

J. Matheson M.D.
Medical Attendant.

245 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 211039,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of the deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

August 12th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Mary Jane Strang

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 41 Years,

Months,

Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Single

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

509 Pier Saratoga St.

Cause of Death, { First (Primary.) Second (Immediate.) }

Pulmonary Consumption

Duration of Last Sickness,

2 years 2 months

All the above information should be furnished by the Physician.

Place of Burial,

New Cathedral Society

Date of Burial,

14 August

{ Undertaker,

{ Place of Business,

Address

317 Mulberry St

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

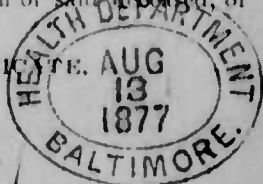
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 211401

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

August 12, 1877

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Mr. Samuel Darghdy

Sex, Male or Female,

{ Cross out the word not required in this line. }

Male

Age,

Seventy Seven Years,

Seven

Months,

Four

Days.

Color,

White

Married, Single, Widowed or Widower,

{ Cross out the words not required in this line. }

Single

Occupation,

Stone Cutter

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Baltimore, Md.

Duration of Residence in the City of Baltimore,

Since Birth

Place of Death,

{ Give street and number. }

No. 228 N. Durham St.

Cause of Death,

{ First (Primary),
Second (Immediate), }

Dysentery

Duration of Last Sickness,

Two Weeks

All the above information should be furnished by the Physician.

Place of Burial,

Govan Lawn

Date of Burial,

Aug 14 1877

{ Undertaker,

Thos Darghdy

{ Place of Business,

10 E Bath

Wm H. Lindner

M. D.

Medical Attendant.

Address No. 102 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 20041

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

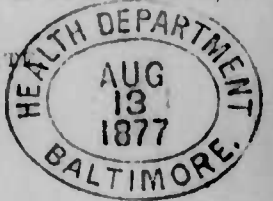
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 211141

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

**CERTIFICATE OF DEATH.**

Date of Death, *August 12th, 8:15 P. M.*

Full Name of Deceased, *Jacob Noeur* Write legibly and spell correctly. If an infant not named, give names of parents.

Sex, *Male* Male or Female. Cross out the words not required in this line.

Age, *(30) Thirty* Years, *(6) Six* Months, Days

Color, *White*

Married, Single, Widow or Widower, *Widower* Cross out the words not required in this line.

Occupation, *Engineer*

Birthplace, *Baltimore City* State or country (and how long in United States, if of foreign birth.)

Duration of Residence in the City of Baltimore, *Since birth*

Place of Death, *N. 240 South Paca Street.* Give street and number.

Cause of Death, *Phthisis Pulmonalis* First (Primary).

Asthenia Second (Immediate).

Duration of Last Sickness, *Five Years*

All the above information should be furnished by the Physician.

Place of Burial, *Balto Cemetery*

Date of Burial, *Aug 14th*

Undertaker, *John S.macher*

Place of Business, *150 Sanders St.*

Address, *82 S. Fremont St.*

Wm. H. Elderslice M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

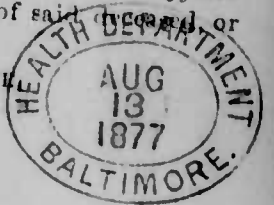
Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *211142*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four* hours after the death of said ~~deceased~~ or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

Aug 12 1877

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Vincent Hines

Sex, *Male* or *Female*,

Cross out the words not required in this line.

Age,

1 Years,

26 Months,

26 Days

Color,

White

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in United States, if of foreign birth.)

Balto City

Duration of Residence in the City of Baltimore,

Life

Place of Death,

Give street and number.

145 N. Caroline St

Cause of Death,

First (Primary.)

Scarsh Mal Nutrition

Second (Immediate.)

Transition all its Life

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Laurel County

Date of Burial,

Aug 13 1877

Undertaker,

The J. Locks

Place of Business,

Jefferson St

Address,

Commiss of Health

Regis trar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Alice A Chapman M.D.

Board of Health, City of Baltimore,

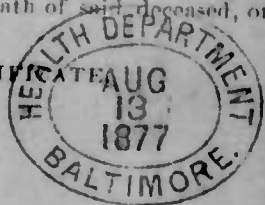
Permit No. *211243*,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attends any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Aug. 12th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents }

Caspar H. Cook

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age,

— Years,

5 Months,

— Days.

Color,

White

~~Married, Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore City

Duration of Residence in the City of Baltimore,

Since birth

Place of Death, { Give street and number }

96 N. Wolf St.

Cause of Death, { First (Primary,) Second (Immediate,) }

Marasmus

Duration of Last Sickness,

Four weeks

All the above information should be furnished by the Physician

Place of Burial,

St. Lawrence Cemetery

Date of Burial,

Aug 13th 1877

Aug. Fr. Esich

M. D.
Medical Attendant.

{ Undertaker,

Thy & Son

{ Place of Business,

54 N. Broadway

Address

94 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

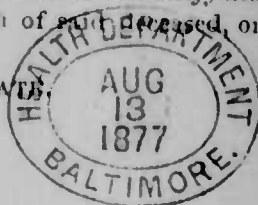
Board of Health, City of Baltimore,

Permit No. *211144*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

Aug 11 1877

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Mary L. & Alf. Kobrow

Sex, ~~Male~~ Female,

Cross out the words not required in this line.

Age,

Years,

Months,

3 hours Days

Color,

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in United States, if of foreign birth.)

Balto city

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

191 W. Balto St

Cause of Death,

First (Primary.)

Second (Immediate.)

Tumor

ask what kind? + where

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

M. E. Cemetery

Date of Burial,

Aug 13 77

Undertaker,

W. Marmuth

Place of Business,

Saratoga St

Address,

M. D.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Agent of the Board of Health is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

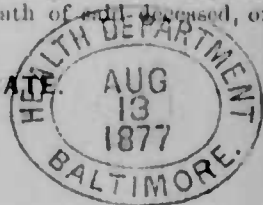
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *2111451*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

Aug. 12th 1877

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents }

Leonard Franklin

Sex, Male ~~or Female~~

{ Cross out the word not required in this line. }

Age,

Years,

6

Months,

Days.

Color,

White

Sex,

male

~~Married~~, Single, ~~Widow~~ or ~~Widower~~

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth. }

Balto -

Duration of Residence in the City of Baltimore,

6 mos.

Place of Death,

{ Give street and number. }

*Home of the Friends
Marasmus*

Cause of Death,

{ First (Primary),

{ Second (Immediate),

Duration of Last Sickness,

6 mos -

All the above information should be furnished by the Physician.

Place of Burial,

Mount Olivet Cemetery by Harrison

M. D.

Date of Burial,

August 13th 1877

Medical Attendant

{ Undertaker,

Jacob Weaver

Address

by Carter W.

{ Place of Business,

476 David Hill Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

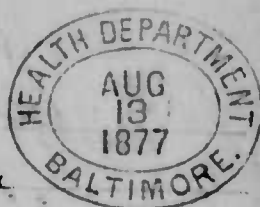
Permit No. 211146

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Aug. 12th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Michl Coleman

Sex, Male or Female,

Cross out the word not required in this line.

Age,

5 Years,

Months,

Days.

Color,

white

~~Married~~ Single, ~~Widow~~ or ~~Widower~~,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Balto. city

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

122 Curley St

Cause of Death,

First (Primary.)

Second (Immediate.)

Scarlatina Maligna

Duration of Last Sickness,

3 days

All the above information should be furnished by the Physician.

Place of Burial,

Holy Cross Church

Date of Burial,

Aug 13th 1877

R. W. Mansfield

M. D.

Medical Attendant.

Undertaker,

Henry Sander

Place of Business,

252 Canton St

Address

117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

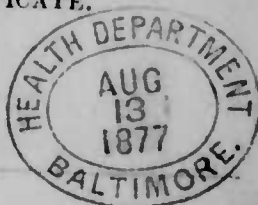
OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 211147

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

August 11th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Laura Prisky

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 34

Years,

Months,

Days.

Color,

African

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Domestic

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

Since Birth

Place of Death, { Give street and number. }

14

Salomon's Court (?)

Georgetown

Cause of Death, { First (Primary), Second (Immediate), }

Pulmonary Phthisis

" 3 months "

& Dropsy internal

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Green Cemetery

Date of Burial,

Sept 14 1877

Undertaker,

A. Warfield

Place of Business,

Conway St

Address

N. W. Cor. Fayette & Schuler St

R. A. P. Ellis

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

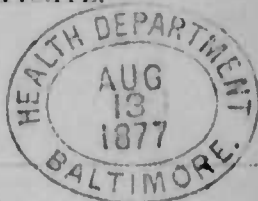
Permit No. 21148

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Age,

Years,

Months,

Days.

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Aug 14 1877

Undertaker, Andrew Leitz

Place of Business, 118 Dred Bell St

C. J. Hancock M. D.
Medical Attendant.
Address, 118 Dred Bell St
City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 211149

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, August 13/77.
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Gustis Maas.
Sex, Male or Female, { Cross out the word not required in this line. } Male.
Age, 73 Years, 9 Months, 13 Days.
Color, White Sex, Male
Married, Single, Widowed or Widower, { Cross out the words not required in this line. } Married
Occupation, Shoemaker
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Germany.
Duration of Residence in the City of Baltimore, Thirty eight years
Place of Death, { Give street and number. } No. 6. Park St.
Cause of Death, { First (Primary,) Milliany Tuberculosis.
Second (Immediate,) Spinae.
Duration of Last Sickness, about Two Months.
All the above information should be furnished by the Physician.
Place of Burial, Western Cemetery.
Date of Burial, August 15th, H. K. Letterhoff M. D. Medical Attendant.
{ Undertaker, J. V. Swill.
Place of Business, 131. Hanover. Address 77 George St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. *21157*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

August 11th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Sarah Virginia Jackson

Sex, ~~Male~~ Female,

Cross out the word not required in this line.

Female

Age,

1

Years,

Months,

Days.

Color,

Black

Sex,

Female

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore Md

Duration of Residence in the City of Baltimore,

Entire life time

Place of Death,

Give street and number.

11 Chesnut St

Cause of Death,

First (Primary),

Second (Immediate.)

Cholera Infantum

Duration of Last Sickness,

Several weeks

All the above information should be furnished by the Physician.

Place of Burial,

Lanel Cemetery

Date of Burial,

August 13

Albion Catlett M. D.
Medical Attendant.

Undertaker,

William A. Dwyer

Place of Business,

62 East

Address

211 Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 241157,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

August 11th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Varah Grimes

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 16 Years,

2

Months,

14

Days.

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Servant

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Virginia

Duration of Residence in the City of Baltimore, 13

Place of Death, { Give street and number. }

13 Forest Street Balt Md

Cause of Death, { First (Primary) Second (Immediate) }

Pneumonia
Consumption & Dropsy
not known

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, August 13th

Undertaker, William J. L. L. L.

Place of Business, 62 East St

Geo. H. Wagon M. D.
Medical Attendant.

Address 18 Aiequith St Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

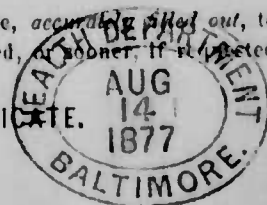
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *20052*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accordingly sent out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, as soon as it is received so to do, under penalty of law.*

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *12 o'clock & 20 minutes 13th M. Aug 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Magdalen Lucas*

Sex, *Male* & Female, { Cross out the word not required in this line. }

Age, *25* Years, *7* Months, *6* Days.

Color, *White*

Married, *Single*, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore City*

Duration of Residence in the City of Baltimore, *Most of her life*

Place of Death, { Give street and number. } *Washington between Chase & Rogers 154*

Cause of Death, { First (Primary, Second (Immediate, } *Catastrophic Fever*
Consumption

Duration of Last Sickness, *Six Months*

All the above information should be furnished by the Physician

Place of Burial, *Baltimore Cemetery* *J. O. Danneberg* M. D.

Date of Burial, *Aug 14* Medical Attendant.

{ Undertaker, *Geo Schilling* Address *28 Front Place*

{ Place of Business, *Ashland Square* *Baltimore City*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. *20053*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

August 12th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Francis Miller Councilman

Sex, Male or Female,

Cross out the word not required in this line.

Age,

Years,

4

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore

Duration of Residence in the City of Baltimore,

Since Birth

Place of Death,

Give street and number.

109 S. Stricker

Cause of Death,

First (Primary),

Second (Immediate),

Bronch. Pneumonia

Duration of Last Sickness,

7 days

All the above information should be furnished by the Physician.

Place of Burial,

St. Peter's Cemetery

Date of Burial,

Aug 14th 1877

Undertaker,

John S. Macher

Place of Business,

1st Camden St

W. R. McKim M.D.
Medical Attendant.

Address *382 W. Fayette*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, if the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

PHYSICIANS IS RESPECTFULLY INVITED TO THE REMARKS BELOW, AND TO LIST OF DISEASES ON BACK OF THIS CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20057

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accompanied by the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, August 14, 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Charles Reinhardt

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 1 Years, 1 Months, 1 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word is not required in this line. } Single

Occupation, —

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } 184 Augusta St.

Cause of Death, { First (Primary,) Second (Immediate,) } Malnutrition

Duration of Last Sickness, 2 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Aug 14th 1877

{ Undertaker, Henry H. Mears

{ Place of Business, 45 N Gay St. Address 75 E. Baltimore St.

J. W. Horck M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

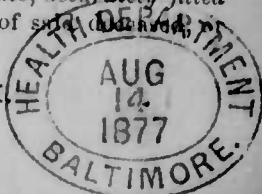
Board of Health, City of Baltimore,

Permit No. 24453,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE



CERTIFICATE OF DEATH.

Date of Death, *August 13th 1877*
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Walter Monroe Maddox*
Sex, Male ~~or Female~~, { Cross out the word not required in this line. }
Age, *1* Years, *28* Months, Days.
Color, *White*, Sex, *male*
~~Married~~, Single, ~~Widow~~ ~~or Widower~~, { Cross out the words not required in this line. }
Occupation,
Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore Md*
Duration of Residence in the City of Baltimore, *Life*
Place of Death, { Give street and number. } *379 Fayette St*
Cause of Death, { First (Primary,) *Cholera Infantum*
Second (Immediate,) *"*
Duration of Last Sickness, *one month*
All the above information should be furnished by the Physician.
Place of Burial, *Methodist Episcopal Church* *Rev. Opie* M. D.
Date of Burial, *Tuesday Aug 14th 1877* Medical Attendant.
{ Undertaker, *J. G. Kamsath* Address *396 E. Fayette St.*
{ Place of Business, *S. W cor Poppleton & Saratoga St.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Board of Health is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

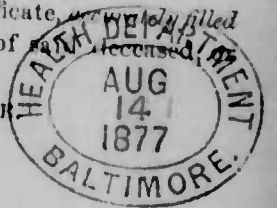
Board of Health, City of Baltimore,

Permit No. *21156*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, out, to the Undertaker or other person superintending the burial, within *twenty-four* hours after the death of *deceased*, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

Aug 13 1877

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Annie Lewis

Sex, ~~Male~~ Female,

Cross out the words not required in this line.

Age,

3

Years,

6

Months,

Days

Color,

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace, (State or country (and how long in United States, if of foreign birth.)

Balto City

Duration of Residence in the City of Baltimore,

Life

Place of Death, (Give street and number.)

67 W. Ann St

Cause of Death,

First (Primary)

Second (Immediate)

Scarlatina

Duration of Last Sickness,

2 days

All the above information should be furnished by the Physician.

Place of Burial,

St. Alphonsus

Date of Burial,

Aug 14 1877

Undertaker,

A. Kohler

Place of Business,

Sumner

Address,

Comm of Health

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in case of births and deaths of illegitimate children.

Information by Joseph Lewis Father

Board of Health, City of Baltimore,

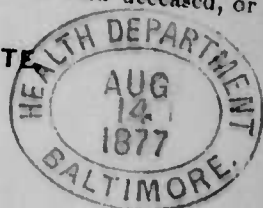
Permit No. 201157

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

CERTIFICATE OF DEATH.



Date of Death,

Aug 12th 1877.

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Prudence S. O. Watson

Sex, Male or Female,

Cross out the word not required in this line.

Age,

31

Years,

Color,

White

Months,

Sex,

Female

Days.

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

None

Birthplace, State or country (and how long in the United States, if of foreign birth.)

Baltimore City

Duration of Residence in the City of Baltimore,

Since birth

Place of Death, Give street and number.

280 Orleans

Cause of Death,

First (Primary),

Second (Immediate),

Cancer of Stomach

Duration of Last Sickness,

Six Months

All the above information should be furnished by the Physician.

Place of Burial,

Greenmount Cemetery S. F. Coynner

M. D.

Date of Burial,

Aug 13th 1877

Undertaker,

W. A. Gaigne

Medical Att

Place of Business,

1133 Broadway

Address

134 N. High St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

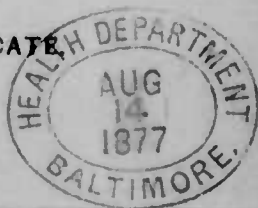
Permit No. 21158

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

CERTIFICATE OF DEATH.



Date of Death, *August 13th 1877*
 Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Ferdinand Fletcher*
 Sex, Male or Female, { Cross out the word not required in this line. }
 Age, *37* Years, Months, Days.
 Color, Sex,

Married, Single, Widow or Widower. { Cross out the words not required in this line. }

Occupation, *Restaurant Keeper*

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Cornwall Co Mass

Duration of Residence in the City of Baltimore, *12 yrs*

Place of Death, { Give street and number. } *36, W. Pratt*

Cause of Death, { First (Primary,) Second (Immediate.) }

Typhoid Fever

Duration of Last Sickness, *A few days*

All the above information should be furnished by the Physician.

Place of Burial, *Quartermen's Co* *Med. Att. H. Brown* M. D.

Date of Burial, *August 14th 1877*

Medical Attendant.

{ Undertaker, *Jacob Weaver* Address

{ Place of Business, *205 4th Ave*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 852

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21159

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Ed. H. Brown

Sex, Male or Female,

Cross out the word not required in this line.

Age,

25

Years,

Months,

Days.

Color,

Colored

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Mailler

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Caroline Co., Md

Duration of Residence in the City of Baltimore,

5 years

Place of Death,

Give street and number.

111 Park St

Cause of Death,

First (Primary),
Second (Immediate).

Phthisis

Duration of Last Sickness,

12 months

All the above information should be furnished by the Physician.

Place of Burial,

Laurel Cemetery

Date of Burial,

Aug 14 1877

Geo. H. Brown

M. D.

Medical Attendant.

Undertaker,

S. W. Chase

Place of Business,

Howard St

Address

144 Hanover St
City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

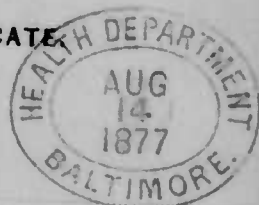
Permit No. *211060*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *Aug 13th*

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. *Martha Dabell Russell*

Sex, Male or Female, Cross out the word not required in this line. *Female*

Age, *3* Years, *1* Months, *13* Days.

Color, *White* Sex, *Female*

Married, Single, Widow or Widower, Cross out the words not required in this line.

Occupation,

Birthplace, State or country (and how long in the United States, if of foreign birth.) *Baltimore*

Duration of Residence in the City of Baltimore,

Place of Death, Give street and number. *No 4th Federal St.*

Cause of Death, First (Primary),
Second (Immediate,) *Scarlet Fever*

Duration of Last Sickness, *3 days*

All the above information should be furnished by the Physician.

Place of Burial, *Green Mount*

Date of Burial, *August 14th 1877*

Undertaker, *Jacob Weaver*

Place of Business, *No 4 & 6 David Hill Ave* Address

W. Whitridge

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

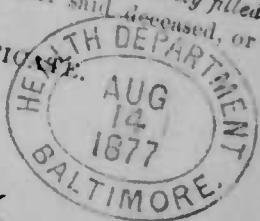
OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 211061.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Full Name of Deceased,

Sex, Male or Female,

Age,

Color,

Married, Single, Widowed,

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary), Second (Immediate), }

Duration of Last Sickness,

Place of Burial,

Date of Burial,

Undertaker,

Place of Business,

August 13th 1877.
Walter Lineweaver

8 Months,

Days.

Baltimore City
Since birth
150 George St.
Indigestion
Cerebral
Two Months

John J. Pennington M. D.
Medical Attendant.
98 St Green St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. *211062*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *August 13th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Elizabeth Ruth*

Sex, Male or Female, { Cross out the word not required in this line. } *Female*

Age, *1* Years, *16* Months, *16* Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore City*

Duration of Residence in the City of Baltimore, *Life time*

Place of Death, { Give street and number. } *69 Lancaster St*

Cause of Death, { First (Primary), Secoud (Immediate), } *Pertussis Catarrhal Liver*

Duration of Last Sickness, *9 weeks*

All the above information should be furnished by the Physician.

Place of Burial, *St Paul Church*

Date of Burial, *August 14th 1877*

Undertaker, *H. Froehlich*

Place of Business, *246 Barton St*

James E. Dmuelle M. D.
Medical Attendant.

Address *299 E. Baltimore St.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 211163,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Aug 14th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sarah A. Williams

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age,

51

Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Married

Occupation,

None

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Prince George's Co Md

Duration of Residence in the City of Baltimore,

38 yrs

Place of Death, { Give street and number. }

18 N. Caroline st

Cause of Death, { First (Primary,) Second (Immediate,) }

Phthisis Pulmonalis

Duration of Last Sickness,

6 months

All the above information should be furnished by the Physician.

Place of Burial,

Fulton Cemetery

Date of Burial,

Aug 15/1877

{ Undertaker,

Tru & Bro

{ Place of Business,

54 N Broadway

John A. Conner M. D.
Medical Attendant.

Address 286 E. Balt st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

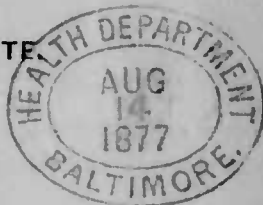
Board of Health, City of Baltimore,

Permit No. *20064*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *Aug 13th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Angelina Nebrank*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, _____ Years, *3* Months, _____ Days.

Color, *White* Sex, _____

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore*

Duration of Residence in the City of Baltimore, _____

Place of Death, { Give street and number. } *271 Asquith St.*

Cause of Death, { First (Primary,) Second (Immediate,) } *Whooping Cough*
Exhaustion

Duration of Last Sickness, *5 weeks*
All the above information should be furnished by the Physician.

Place of Burial, *St. Michaels St. Mary's Church*

Date of Burial, *August 14 1877*

Undertaker, *Henry H. H. H.*

Place of Business, *309 Central Ave*

Address *188 N. Calvert St.*

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

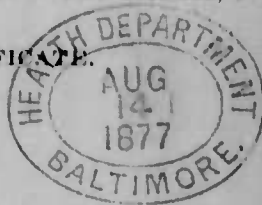
Permit No. 20068

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, Aug 12th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Michael Fischer,

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 4 Months, Days.

Color, white,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Balt. Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number. } Mc Elenery St. cet;

Cause of Death, { First (Primary,) Cholera Infantum
Second (Immediate,) Convulsions

Duration of Last Sickness, One week,

All the above information should be furnished by the Physician.

Place of Burial, St. Raphael's

Date of Burial, August 14, 1877, G. Glanville, Rust M. D. Medical Attendant.

{ Undertaker, Henry Haack

{ Place of Business, 309 Central Ave Address Balt. Wash. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. *211066*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four* hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *Aug. 12, 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *John D. Hardy*

Sex, ~~Male or Female~~, { Cross out the words not required in this line. }

Age, *65* Years, *11* Months, *50* Days

Color, *White*

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, *Auctioneer*

Birthplace, { State or country (and how long in United States, if of foreign birth.) } *Exeter, N. H.*

Duration of Residence in the City of Baltimore, *57* years

Place of Death, { Give street and number. } *417 Chew St.*

Cause of Death, { First (Primary), Supposed to be Second (Immediate), } *Hypertrophy of Heart, with dilatation of right ventricle.*
Thrombosis in the larger branches of Pulmonary Artery

Duration of Last Sickness, *a few minutes*

All the above information should be furnished by the Physician.

Place of Burial, *Greenmount Cemetery*

Date of Burial, *Aug. 14, 1877* *Geo. A. Hartman* M. D.

Undertaker, *Wm. C. Hickman* Medical Attendant.

Place of Business, *234 N. Gay St.* Address, *305 N. Caroline St.*

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 20067

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

August 13th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

William Franklin Green

Sex, Male or Female,

Cross out the word not required in this line.

Age,

Years,

8

Months,

9

Days.

Color,

White

Sex,

Male

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

Cathedral St. Extended

Cause of Death,

First (Primary),

Second (Immediate),

Whooping Cough

Complications

Duration of Last Sickness,

4 weeks

All the above information should be furnished by the Physician.

Place of Burial,

Hampton Bul Co. St. Andrew

Date of Burial,

Aug 15th 1877

M. D.

Medical Attendant.

Undertaker,

Wm. T. Scriven

Place of Business,

271 N. Eutaw St

Address

Co. Maryland Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 20068

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Aug. 13 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sydia Finley

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

50

Years,

Months,

Days.

Color,

Colored

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Formerly Servant

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Balt.

Duration of Residence in the City of Baltimore,

During life

Place of Death, { Give street and number. }

20 Laurens Alley

Cause of Death, { First (Primary,) Second (Immediate,) }

Apoplexy

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Chatham St.

Date of Burial,

August 14.

{ Undertaker,

Wm. J. Gray

{ Place of Business,

66 Mulberry St.

R. M. Haver

M. D.

Medical Attendant.

Address

262 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

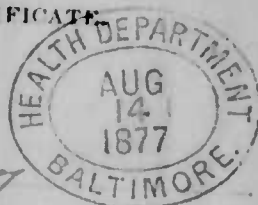
Permit No. 20064

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

August 11th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Annie Louisa Nick

Sex, Male or Female,

Cross out the word not required in this line.

Female

Age,

one

Years,

Two

Months,

Days.

Color,

Colored

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Single

Occupation,

Nothing

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore City Maryland

Duration of Residence in the City of Baltimore,

Continued

Place of Death,

Give street and number.

No 68 Welcome st

Cause of Death,

First (Primary.)

Dysentery

Second (Immediate.)

Tubercular Meningitis et convulsions

Duration of Last Sickness,

one week

All the above information should be furnished by the Physician.

Place of Burial,

Laurel Cemetery

Date of Burial,

Aug 14 77

Undertaker,

J. H. Dyer

Place of Business,

146 Hill St

Address

Baltimore

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

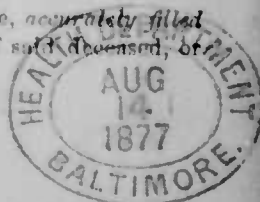
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20070

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *August 12th 1877*
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Mary Ellen Allen*
Sex, Male or Female, { Cross out the word not required in this line. } *Female*
Age, Years, *(14) Fourteen* Months, Days.
Color, *Black* Sex, *Female*
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation,
Birthplace, { State or country (and how long in the United States, if of foreign birth. } *City of Balto*
Duration of Residence in the City of Baltimore, *Since Birth*
Place of Death, { Give street and number. } *No 23 Stockholm St*
Cause of Death, { First (Primary,) *Diphtheria*
Second (Immediate,) *Convulsions*
Duration of Last Sickness, *Four (4) days*
All the above information should be furnished by the Physician.
Place of Burial, *Marst Cemetery* *Dr. D. Black* M. D.
Date of Burial, *Aug 14 77* Medical Attendant.
{ Undertaker, *H. G. Mason* Address *140 Scott St.*
{ Place of Business, *488 Howard St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 20071

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Aug 12

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Nancy Parker

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

45

Years,

Months,

Days.

Color,

African

~~Married~~, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Domestic Laborer

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Maryland

Duration of Residence in the City of Baltimore,

40 years

Place of Death, { Give street and number. }

262 Raborg St.

Cause of Death, { First (Primary,) Second (Immediate,) }

Mammary Cancer
1 year

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Heavenly Cemetery

Date of Burial,

Aug 14. 77

{ Undertaker,

J. H. Chase

{ Place of Business,

108 Howard St.

Address,

W. Cor. Fayette & Schrader St.

A. P. Ellis

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

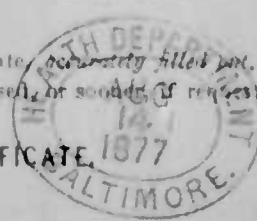
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20072

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested to do so, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *August 13th 1877*

Full Name of Deceased, *Blanche Waldman* { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, *Female* { Cross out the word not required in this line. }

Age, *2* Years, *7* Months, *7* Days.

Color, *White*

Marital, Single, Widowed or ~~Widower~~ { Cross out the word not required in this line. }

Occupation,

Birthplace, *Balto city* { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, *Since Birth*

Place of Death, *112 N. Eden St* { Give street and number. }

Cause of Death, *Capillary Bronchitis* { First (Primary) Second (Immediate) }

Duration of Last Sickness, *Ten Months*

All the above information should be furnished by the Physician.

Place of Burial, *Not known*

Date of Burial, *Aug 15th 1877*

Undertaker, *W. R. Hall*

Place of Business, *233 E. Baltimore St* Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

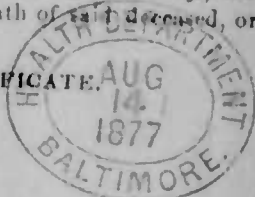
Board of Health, City of Baltimore,

Permit No. 211073,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

August 13th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Gertrude Friedel

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age,

1

Years,

1 Months,

13

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth). }

Baltimore

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give street and number. }

79 Jefferson St.

Cause of Death, { First (Primary),
Second (Immediate), }

Cholera Infantum

Duration of Last Sickness,

About 2 months

All the above information should be furnished by the Physician

Place of Burial, ^{C. Myring Ground} Trinity Church

Date of Burial, August 15th

A. C. Stein.

M. D.

Medical Attendant.

{ Undertaker, Chas. Roping

{ Place of Business, 136 C. Fayette

Address 193 N. Eden St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

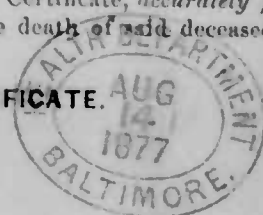
Board of Health, City of Baltimore,

Permit No. *20074*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *Aug. 14 " 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Mrs. Mary Elizabeth Jackson*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *23* Years, *5* Months, Days.

Color, Sex,

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, *Housewife*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Balto. City*

Duration of Residence in the City of Baltimore, *Life*

Place of Death, { Give street and number. } *No. 115 S. Eakin St.*

Cause of Death, { First (Primary), Second (Immediate). } *Consumption*

Duration of Last Sickness, *two mo.*

All the above information should be furnished by the Physician.

Place of Burial, *Balto Cemetery*

Date of Burial, *Aug 15 1877*

E. Thompson M. D.
Medical Attendant.

Geo. D. Hughes
Undertaker, *259 N. Caroline St.*
Place of Business, *60 E. Balto St.* Address *Balto. Md.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. *21075*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *Aug 12th*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Ellen O'Connor*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *38* Years, ; Months, Days.

Color, *White*

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Ireland*

Duration of Residence in the City of Baltimore, *7 years*

Place of Death, { Give street and number. } *211 E Lombard St.*

Cause of Death, { First (Primary,) Second (Immediate,) } *Spts Anemia &c. — Central Softening.*

Duration of Last Sickness, *About three weeks.*

All the above information should be furnished by the Physician.

Place of Burial, *Holy Cross Cemetery*

Date of Burial, *August 14th 1877*

Undertaker, *James P Byrne*

Place of Business, *No 63 N Front St*

Geo. H. Day M. D.
Medical Attendant.

Address *Park Ave & Mulberry St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20076

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

CERTIFICATE OF DEATH.

Date of Death, August Twelfth / 14

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Louiza Reduck

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, Years, Eleven Months, Eight Days.

Color, Black Sex,

Married, Single, Widowed or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balt. Md.

Duration of Residence in the City of Baltimore, Five Years

Place of Death, { Give street and number. } No. 31 Foster St.

Cause of Death, { First (Primary,) Cholera Infantum
Second (Immediate,) }

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 14 1877

{ Undertaker, John E. Gault
Place of Business, 63 Park Ave }

Address No. 131 W. Biddle St.

J. K. Mennick M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20177

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, 11th 11⁰⁰ P.M. 13th August, 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Eleonora Garrison

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age, One Years, One Months, Six Days.

Color, Colored Sex, Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balt^o City

Duration of Residence in the City of Baltimore, 13 months & 6 days

Place of Death, { Give street and number. } No 52 Morris Alley, Balt^o City

Cause of Death, { First (Primary,) Whooping Cough
Second (Immediate,) "

Duration of Last Sickness, ^{her} ~~on~~ Sunday morning ^{only} reported sick one month

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 14th 1877

{ Undertaker, Wm. H. Bishop Jr

{ Place of Business, 77. Druid Hill Ave.

Wm. J. Webb M. D.
Medical Attendant.

Address 83 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

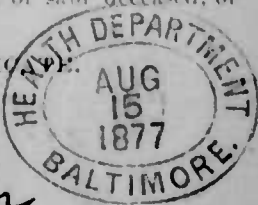
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20078

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

August-13th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Hensietta Phul

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

47

Years,

4

Months,

5

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

married

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Germany

Duration of Residence in the City of Baltimore,

26

Place of Death, { Give street and number. }

697 W Balto

Cause of Death, { First (Primary,) Second (Immediate,) }

Cancer of Uterus

Duration of Last Sickness,

2 years

All the above information should be furnished by the Physician.

Place of Burial, Laurelton Park Cem.

Date of Burial, Aug. 15th

{ Undertaker, John Teufel

{ Place of Business, 616 W. Balto. St.

Address

J. J. Knight

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

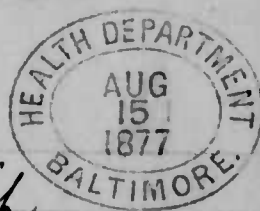
OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 211179

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, August 13th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Annin Northrup

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, Years, 9 Months, Days.

Color, White Sex, Female

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, 9 mos.

Place of Death, { Give street and number. } Home of the deceased

Cause of Death, { First (Primary,) Artificial feeding
Second (Immediate,) Marasmus

Duration of Last Sickness, 9 mos.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, August 15th 1877

{ Undertaker, Jacob Weaver Address 69 Center St.
{ Place of Business, Nos 4 & 6 Druid Hill Ave

M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

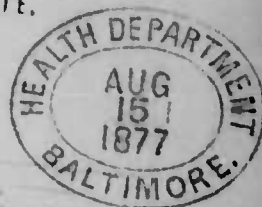
OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 211180

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Aug. 14th / 77

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Maria Mallon

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age, Years,

18

Color,

White

Months,

Days.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Baltimore City

Duration of Residence in the City of Baltimore,

Lifetime

Place of Death, { Give street and number. }

3. Lane St.

Cause of Death, { First (Primary), Second (Immediate), }

Cholera Infantum

Duration of Last Sickness,

nearly 3 months

All the above information should be furnished by the Physician.

Place of Burial, to South St. M. Cath. Cem.

Date of Burial, 15th Aug 77

Undertaker, Henry Beebe

Place of Business, 1125 N. Broadway

Address, 1 S. Broadway

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Physicians is respectfully invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore.

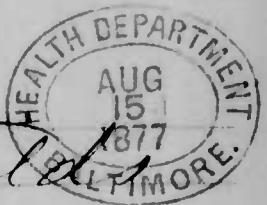
OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *21181*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Aug 13 1877

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Ed. T. H. Field

Sex, ~~Male~~ Female,

{ Cross out the words not required in this line. }

Age,

9 Years,

Months,

Days

Color,

BLK

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) }

Commercial Cotton

Duration of Residence in the City of Baltimore,

2 months

Place of Death, { Give street and number. }

10 State St

Cause of Death,

{ First (Primary),

Second (Immediate), }

ventilation

chol Infanter

Duration of Last Sickness,

2 weeks

All the above information should be furnished by the Physician.

Place of Burial,

Laurel Cemetery

Date of Burial,

Aug 16 1877

{ Undertaker,

Hercules Ross

{ Place of Business,

West St

Address,

Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by, Hester Field mother

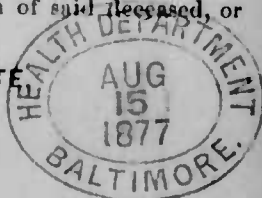
Board of Health, City of Baltimore,

Permit No. 211182

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE



CERTIFICATE OF DEATH.

Date of Death,

August 14/77

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

William Carl

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age,

1 Years,

Months,

4

Days.

Color,

White

Sex,

Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Baltimore Md

Duration of Residence in the City of Baltimore,

Lifetime

Place of Death, { Give street and number. }

81 Smith St.

Cause of Death, { First (Primary), Second (Immediate), }

Diphtheritic Croup

Asphyxia

Duration of Last Sickness,

Three days.

All the above information should be furnished by the Physician.

Place of Burial,

St. Paul Cemetery

Date of Burial,

14th August

H. R. Betterhoff

M. D.

Medical Attendant

Undertaker,

John Carl

Place of Business,

12 Mac Clemons

Address

77 George St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

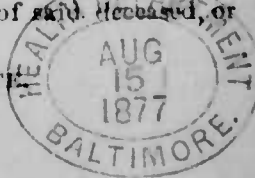
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21183,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of *said deceased*, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, Aug 14th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Caroline C. Clumpton

Sex, Male or Female, { Cross out the words not required in this line. }

Age, 14 Years, Months, Days

Color, Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Baltimore City

Duration of Residence in the City of Baltimore, 14 years

Place of Death, { Give street and number. } 7 Union Alley

Cause of Death, { First (Primary.) Second (Immediate.) } Typhoid Fever

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Mary's Cemetery

Date of Burial, August 15

{ Undertaker, William T. Truitt Address, Broadway

{ Place of Business, 62 East St Madison St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

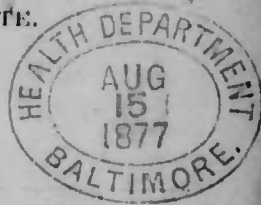
Permit No. 211184

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Aug. 13th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Frank Williams

Sex, Male or Female,

Cross out the word not required in this line.

Age,

35 Years,

Months,

Days.

Color,

Blk

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Oyster Shucker

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Balt.

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

218 S. Carroll St.

Cause of Death,

First (Primary.)

Second (Immediate.)

Consumption

Duration of Last Sickness,

5 mos.

All the above information should be furnished by the Physician.

Place of Burial,

St. Bernard

Date of Burial,

August 15

Undertaker,

William A. Dwyer

Place of Business,

62 East St

R. W. Mansfield

M. D.

Medical Attendant.

Address

117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 20085

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

CERTIFICATE OF DEATH.



Date of Death, August 14th 1877

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. Colby Knapp Gifford

Sex, Male or Female, Cross out the word not required in this line. Male

Age, Eighteen Years, Ten Months, Days.

Color, White

Married, Single, Widowed or Widower, Cross out the words not required in this line. Single

Occupation, Clerk

Birthplace, State or country (and how long in the United States, if of foreign birth.) Baltimore Maryland

Duration of Residence in the City of Baltimore, Nineteen years Eighteen years, Ten months

Place of Death, Give street and number. 43 N. Ball's St Baltimore Md

Cause of Death, First (Primary), Second (Immediate). Typhoid Fever

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmont C.

Date of Burial, Aug 16

Undertaker, J. B. Blackiston & Son

Place of Business, 606 Ball's St

Jas H. Gaskins M. D.
Medical Attendant.

221 Canalton Ave

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 211186

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Aug 13th - 77

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents }

Mrs. Anne M. Prime

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 20 Years,

5

Months,

3

Days.

Color,

white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Married

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

MD

Duration of Residence in the City of Baltimore,

Lifetime

Place of Death, { Give street and number. }

252 E. Biddle St.

Cause of Death, { First (Primary,) Second (Immediate,) }

Dysphoria fever
10 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, August 16th.

Undertaker, Wm. H. Hickman

Place of Business, 234 N. Gay St.

Jos. Bruton Ryke M.D.
Medical Attendant.

Address 166 E. Eager St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 20087

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *August 15*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Mary E. Pratt*

Sex, ~~Male~~ Female, { Cross out the words not required in this line. }

Age, *2* Years, *3* Months, *25* Days

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in United States, if of foreign birth.) } *Baltimore*

Duration of Residence in the City of Baltimore, *Since Birth*

Place of Death, { Give street and number. } *146 Ledwith St*

Cause of Death, { First (Primary,) Second (Immediate,) } *Dysentery*
Dysentery's Group

Duration of Last Sickness, *4 days*

All the above information should be furnished by the Physician.

Place of Burial, *Ball's Cemetery*

Date of Burial, *Aug 16 77*

Undertaker, *Anderson & Deary*

Place of Business, *No 263 Light St*

Address, *146 Ledwith St*

Thos. Pratt M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 21088

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, Aug 14 1877
 Full Name of Deceased, ^{Write legibly and spell correctly. If an infant not named, give names of parents.} Charlotte Johnson
 Sex, ~~Male~~ Female, ^{Cross out the words not required in this line.}
 Age, 8 1/2 Years, _____ Months, _____ Days
 Color, _____

~~Married, Single, Widow or Widower~~, ^{Cross out the words not required in this line.}

Occupation, _____

Birthplace, ^{State or country (and how long in United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, ^{Give street and number.} 92 Hollins St

Cause of Death, ^{First (Primary), Second (Immediate),} old age

Duration of Last Sickness, half hour

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, Aug 16 1877 James A. Steiner M.D.

Undertaker, Blackiston

Place of Business, Balto St

Address, Corn of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by W. M. Flick Surin Law

Board of Health, City of Baltimore,

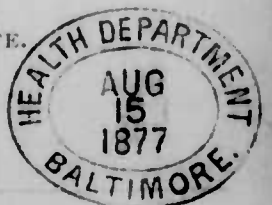
OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 211089,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Aug 14th 1877

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Harry Ebeline

Sex, Male or Female,

{ Cross out the words not required in this line. }

Age,

1 Year

Months,

Days

Color,

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in United States, if of foreign birth.) }

Balto City

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give street and number. }

388 Hamburg St.

Cause of Death,

{ First (Primary),
Second (Immediate), }

Inanition

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Western Cem.

Date of Burial,

August 15th

{ Undertaker,

Wm J. Tiekner

{ Place of Business,

65 S. Eutan

R. J. N. Tall

M.D.

Medical Attendant.

Address, 152 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

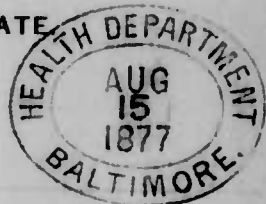
OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20090

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

CERTIFICATE OF DEATH.



Date of Death, *August 14th* 1877

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. *Olivia Bacon*

Sex, ~~Male or~~ Female, Cross out the word not required in this line. *Female*

Age, *19* Years, _____ Months, _____ Days.

Color, *Colored* Sex, _____

~~Married, Single, Widowed or~~ Cross out the words not required in this line. *Single*

Occupation, *Chamber Maid*

Birthplace, State or country (and how long in the United States, if of foreign birth.) *Baltimore Md*

Duration of Residence in the City of Baltimore, *Since Birth*

Place of Death, Give street and number. *# 2 Chapmans Court*

Cause of Death, First (Primary,) Second (Immediate,) *Dysphoid Fever*

Duration of Last Sickness, *Sixteen days*

All the above information should be furnished by the Physician.

Place of Burial, *E. P. Cemetery*

Date of Burial, *Aug 15th 1877*

F. E. Fooks M. D.
Medical Attendant.

Undertaker, *C. Streepers* Address *129 E Baltimore St*

Place of Business, *Pratt St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

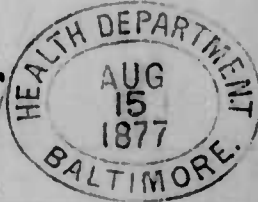
OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20091

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Aug. 15th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Annie Eliza Williams

Sex, Male or Female,

Cross out the word not required in this line.

Female

Age,

1

Years,

1 Months,

10

Days.

Color,

White

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Single

Occupation,

None

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore, Md.

Duration of Residence in the City of Baltimore,

Since birth

Place of Death,

Give street and number.

354 S. Caroline St.

Cause of Death,

First (Primary.)

Second (Immediate.)

Cholera Infantum
Insanition

Duration of Last Sickness,

All the above information should be furnished by the Physician.

7 weeks

Place of Burial,

Swartz Cemetery

Date of Burial,

Aug 14

Undertaker,

W. C. Watchman

Place of Business,

1915 Bond St

Address

68 S. Broadway

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

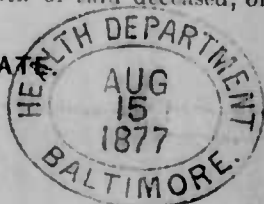
Board of Health, City of Baltimore,

Permit No. 21192

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE



CERTIFICATE OF DEATH.

Date of Death, *August 13, 1877*
Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. *Josephine Lee*
Sex, ~~Male~~ or Female, Cross out the word not required in this line. *Female*
Age, *One* Years, *11* Months, *11* Days.
Color, *Colored* Sex, *Female*
~~Married~~, Single, ~~Widow~~ or ~~Widower~~, Cross out the words not required in this line.
Occupation, *178 Mullikin St B. C.*
Birthplace, State or country (and how long in the United States, if of foreign birth.) *Lifetime*
Duration of Residence in the City of Baltimore, *178 Mullikin St B. C.*
Place of Death, Give street and number. *Sudden death.*
Cause of Death, (First (Primary), Second (Immediate).)
Duration of Last Sickness, *Unknown*
All the above information should be furnished by the Physician.

Place of Burial, *Dallas st cemetery*

Date of Burial, *Aug 15.*

{ Undertaker, *John W. Locks*

{ Place of Business, *59.5 Wolf st*

Address

M. White M. D.
Medical Attendant.

341 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

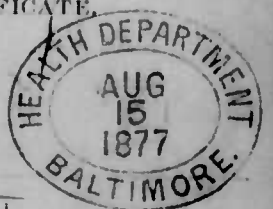
Permit No. 211193,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

15th August 1877

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

John Leicester Pato,

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

Years,

1

11

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Balto. city

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give street and number. }

116 Hughes St.

Cause of Death,

{ First (Primary.)
Second (Immediate.) }

Cholera Infantum

Tubercular Meningitis

2 months,

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Graceland Hill

Date of Burial,

Aug. 16 1877

Undertaker,

Charles Henry

Place of Business,

116 Hughes St.

Address

207 Hanover St.

A. D. & L. G. O.

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21194

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 14th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Margaret Ellen B.

Sex, Male or Female, { Cross out the word not required in this line. }

Age, one Years, Two Months, Days.

Color, Colored Sex, Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } No 53 Oxford St

Cause of Death, { First (Primary,) Cholera Infantum
Second (Immediate,)

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, New Chapel St.

Date of Burial, August 15.

{ Undertaker, Wm J. Galt

{ Place of Business, 605 Mulberry St

Address

A Stephens M. D.
Medical Attendant.

Northwestern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 21195

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, May 15th 1877
Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. Nelson Weston
Sex, Male or Female, Cross out the word not required in this line. Male
Age, 30 Years, _____ Months, _____ Days.
Color, Cal

Married, Single, Widow or Widower, Cross out the words not required in this line. Married
Occupation, Labourer

Birthplace, State or country (and how long in the United States, if of foreign birth.) Balto Co. Md.

Duration of Residence in the City of Baltimore, 11 years

Place of Death, Give street and number. No 28 Watergate Terminal

Cause of Death, First (Primary),
Second (Immediate), Pleurisy - Pneumonia
Pleurotic Effusion

Duration of Last Sickness, 4 months
All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 18th 1877

Undertaker, Wm. J. Gray

Place of Business, 65 Mulberry St Address

J. D. Stulbs. M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 21196

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Aug: 15-5-1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

W. C. Armstrong

Sex, Male or Female,

Cross out the word not required in this line.

Age,

47

Years,

Months,

Days.

Color,

White

Married, Single, Widowed or Widower,

Cross out the words not required in this line.

Occupation,

Broker

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore

Duration of Residence in the City of Baltimore,

Life

Place of Death,

Give street and number.

197 Bolton St

Cause of Death,

First (Primary,)

Second (Immediate,)

Chronic Gastritis Hepatitis

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial,

Green Mt. Cemetery

Date of Burial,

August 10th 1877

Undertaker,

A. W. Jenkins & Son

Place of Business,

16 Light St.

J. V. McIlhenny M. D.
Medical Attendant.

Address 121 So. E. Avenue 21

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20097,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

August 14 1877

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Lena

Lehman

Sex, Male or Female,

Cross out the word not required in this line.

Age,

60

Years,

Months,

Days.

Color,

white

Married, Single, Widow or Widower,

Cross out the words not required in this line.

single

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Germany

Duration of Residence in the City of Baltimore,

20 years

Place of Death,

Give street and number.

111. German St

Cause of Death,

First (Primary),
Second (Immediate).

Chronic bronchitis
& exhaustion

Duration of Last Sickness,

Three months

All the above information should be furnished by the Physician.

Place of Burial,

Har Sinai Cemetery

Date of Burial,

Aug 16

Undertaker,

P. Hollander & Sons

Place of Business,

22 W. Pratt street

Address

J. J. Knight

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 20098

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

CERTIFICATE OF DEATH.



Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 16 Years, Months, Days.

Color, Colored Sex, female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, August 11th 1877

Undertaker, John L. Jordan

Place of Business, 463 Park St

Address 47 Conway St

M. D.

Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore,

Permit No. *20099*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *15 Aug. 1877*

Full Name of Deceased, { Write legibly and spell correctly. If infant not named, give names of parents. } *Mary Samtroy*

Sex, Male or Female, { Cross out the word not required in this line. } *Female*

Age, Years, *1* $\frac{3}{4}$ Months, Days.

Color, *Neuro*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Walnut alley*

Duration of Residence in the City of Baltimore, *Life*

Place of Death, { Give street and number. } *Tenement House between Middle St. & Middle alley*

Cause of Death, { First (Primary,) *Dysentery* Second (Immediate,) }

Duration of Last Sickness, *Unknown. child dying when visited*

All the above information should be furnished by the Physician.

Place of Burial, *St. Ignace Cemetery*

Date of Burial, *Aug 15, 1877*

Undertaker, *George Saffron*

Place of Business, *St. Ann's Church*

Address *201 W. Middle St.*

Marbury Brewer M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *21111*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Aug. 15th 77

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Matilda Martindale

Sex, Male or Female, { Cross out the words not required in this line. }

Age, *13* Years,

7 Months,

15 Days

Color,

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

1 Chesnut St.

Cause of Death, { First (Primary.)
Second (Immediate.) }

*Typhoid Fever
Two weeks*

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, *Western Cem*

Date of Burial, *Aug 16th 1877*

R. J. N. Tall M. D.
Medical Attendant.

{ Undertaker, *Johns Koehler*

Address, *152 Sharp St*

{ Place of Business, *Cor Sharp & Co*

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. *20101*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *August 15 1877*
 Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Sarah Coleman*
 Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } *Female*
 Age, *16* Years, *16* Months, Days.
 Color, *White* Sex, *Female*
 Married, Single, Widowed or ~~Widowed~~, { Cross out the words not required in this line. }
 Occupation,
 Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Balto.*
 Duration of Residence in the City of Baltimore, *16 mos*
 Place of Death, { Give street and number. } *Home of the friends*
 Cause of Death, { First (Primary,) Second (Immediate,) } *Wh. of the body - Exhaustion*
 Duration of Last Sickness, *4 weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Balti Cemetery*
 Date of Burial, *Aug 16 1877*
 Undertaker, *Jacob Weaver* Address *65 Ant St.*
 Place of Business, *416 Brim St.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 20102

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *August 14th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Unknown*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, *about 38* Years, _____ Months, _____ Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Unknown*

Occupation, *Unknown*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Unknown*

Duration of Residence in the City of Baltimore, *Unknown*

Place of Death, { Give street and number. } *Ohio Av. at Cross St.*

Cause of Death, { First (Primary,) *Accidentally run over & killed on R R Tracks* }
 { Second (Immediate,) *Short* }

Duration of Last Sickness, *Short*

All the above information should be furnished by the Physician

Place of Burial, *Western Cemetery*

Date of Burial, *August 16th 1877*

{ Undertaker, *John S. Harsh* }

{ Place of Business, *No 150 Camden St* }

R. B. Lee M. D.
Baron Medical Attendant.

Address *Harmon Barr St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 20103,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately and truthfully, within twenty-four hours after the death of said deceased, or so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

August 15th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

William I. Ribbeling

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years,

8 Months,

3 Days.

Color,

White

Married, Single, Widowed or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Baltimore city

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

117 Pearl street

Cause of Death, { First (Primary,) Second (Immediate,) }

Pestusss
Convulsions

Duration of Last Sickness,

Three days

All the above information should be furnished by the Physician

Place of Burial, Western Cemetery

Date of Burial, August 16.

Undertaker, Geo. Limbach

Henry Darling M. D.
Medical Attendant

Place of Business, 389 W. Pratt St

Address 143 Mulberry street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

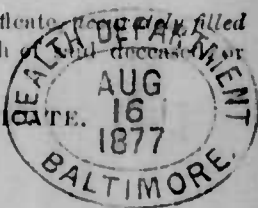
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20104

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

Aug 15th 1877.

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Richard James Nathaniel Hopkins

Sex, Male or Female,

Cross out the word not required in this line.

Age,

Years,

7

Months,

10

Days.

Color,

Colored

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Balt^y City

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

49 Dover St

Cause of Death,

First (Primary.)

Second (Immediate.)

Cholera Infantum

Duration of Last Sickness,

about 4 weeks

All the above information should be furnished by the Physician

Place of Burial,

Sharp Cemetery

Date of Burial,

August 16th

Undertaker,

Jacob Davis

Place of Business,

No 103 Lee St

J. A. Bell

M. D.

Medical Attendant.

Address

101 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 20105

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, Aug 14 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Richard Drew

Sex, Male ~~Female~~ { Cross out the words not required in this line. }

Age, _____ Years, _____ Months, 21 Days

Color, Blk

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Balt City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 191 Henrietta St

Cause of Death, { First (Primary,) Premature Birth of two as the cause
Second (Immediate,) as the cause }

Duration of Last Sickness, all its life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 16 1877

{ Undertaker, Jacob Davis } Address, Corn of Health & Registrar

{ Place of Business, Lee St }

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information of James Drew Father [OVER.]

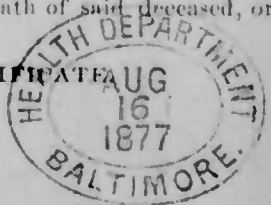
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 20106

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE



CERTIFICATE OF DEATH.

Date of Death, *August 15/77*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Geo H. Spencer*

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *8* Years, *white* Months, Days.

Color, *white*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, *Ann. Co mo*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *8 months*

Duration of Residence in the City of Baltimore, *81 S. Fremont St*

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) } *Cholera Infantum*

Duration of Last Sickness, *Four (4) weeks*

All the above information should be furnished by the Physician.

Place of Burial, *A. A. Co Md*

Date of Burial, *Sept 16 1877*

Undertaker, *J. B. Cook*

Place of Business, *Balt St*

Address, *379 W Lomb St*

H L Spencer M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 853

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20107

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

Aug. 15th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Lewis Parkinson

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age, / Years,

4

Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Balto City

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give street and number. }

342 N. Broadway

Cause of Death, { First (Primary,) Second (Immediate,) }

Cholera Infantum
Three weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, April 16

{ Undertaker, J. J. Rhodewager }

{ Place of Business, Greenmount }

Louis W. Knight M. D.
Medical Attendant.

Address 112 N. Greene

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *21108*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

Aug 15th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Child of Chas A Riley

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Age,

Years,

Months, *15 or 20 minutes*

Color,

White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~,

{ Cross out the words not required in this line. }

Occupation,

None Baltimore

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give street and number. }

213 L. Anvale St

Cause of Death,

{ First (Primary),
Second (Immediate,) }

Prolonged delivery

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, *Mount Olivet Cemetery*

Date of Burial, *August 16th 1877*

Elias A Price M. D.
Medical Attendant.

{ Undertaker, *Jacob Weaver*

Address

262 Mead. Av.

{ Place of Business, *486 Druid Hill Av.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, August 14th 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sophia Wilhelmina Schmidt

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 7. Years, 1. Months, 18. Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Balt.

Duration of Residence in the City of Baltimore, during life

Place of Death, { Give street and number. } 426 W. Lombard St.

Cause of Death, { First (Primary,) Diphtheria
Second (Immediate,) }

Duration of Last Sickness, One week.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Aug 16th 1877

{ Undertaker, J. B. Cook

{ Place of Business, No 707 N. Baltimore street

Louis C. B. Brown M. D.
Medical Attendant.

Address 226 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

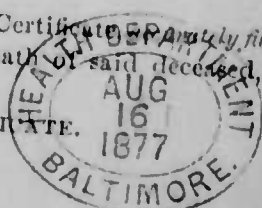
Board of Health, City of Baltimore,

Permit No. 20110

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ^{properly filled} out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

15th Aug. 1877
James M. Coff.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male ~~Female~~, { Cross out the words not required in this line. }

Age, 34 Years,

Color, white 10 Months, 3 Days

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary),
Second (Immediate), }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western cemetery

Date of Burial, Aug 16 1877

{ Undertaker, J. B. Coff.

{ Place of Business, 274 Hollins St.

John Hood M.D.
Medical Attendant

Address, 274 Hollins St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

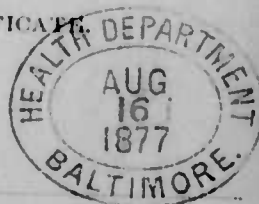
0111.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, August 15th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Alice Murphy

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 1 Years, Months, 22 Days.

Color, White

Married, Single, Widowed or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baliwa

Duration of Residence in the City of Baltimore, 1 Year 22 Days

Place of Death, { Give street and number. } 22 Ryan St

Cause of Death, { First (Primary,) Second (Immediate,) } Whooping Cough.

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peter's cemetery

Date of Burial, Aug. 16th 1877

{ Undertaker, J. B. Cook

{ Place of Business, 167 7th Baltimore Street

Address, 379 W. Lombard St.

M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

20112

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

Aug: 14th, 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Amie V. Drake

Sex, ~~Male~~ or Female,

Cross out the word not required in this line.

Age,

17

Years,

4

Months,

13

Days.

Color,

White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States. If of foreign birth.)

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

25 S. Lemon St.

Cause of Death,

First (Primary).

Consumption of Lungs

Second (Immediate).

Exhaustion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Several months

Place of Burial,

London Park

Date of Burial,

August 16th

W. B. Guiffitt

M. D.

Medical Attendant.

Undertaker,

W. J. Tickner

Place of Business,

65 S. Eutan St

Address

60 Me Cullod St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 20113,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, / Years,

Months,

Days.

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary.)
Second (Immediate.) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

{ Undertaker,

{ Place of Business,

Address

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of

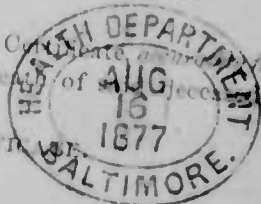
Board of Health, City of Baltimore.

Permit No. 20114.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, signed and attested, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, 10:15 O'clock P.M. - August 15th, 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George Geyer

Sex, Male or Female, { Cross out the words not required in this line. } Male

Age, Eleven (11) Years,

Color, White

Months, 20

Days

Married, Single, Widow or Widower, { Cross out the words not required in this line }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) }

No. 73 South Fremont St. Since birth.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

No. 75 South Fremont St.

Cause of Death, { First (Primary), }

Injury from fall.

{ Second (Immediate), }

Shock or Asphyxia.

Duration of Last Sickness, Two (2) days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, August 17th

{ Undertaker, T. H. Hall }

{ Place of Business, 131 Hanover St. }

J. M. McPherson

M. D.

Medical Attendant.

Address, 82 S. Fremont St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

201157
The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, 15th August 1877
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Widler
Sex, Male or Female, { Cross out the word not required in this line. }
Age, 1 Years, 11 Months, Days.
Color, White
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation,
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore Maryland
Duration of Residence in the City of Baltimore,
Place of Death, { Give street and number. } 74 St Avenue
Cause of Death, { First (Primary,) Diarrhoea
Second (Immediate,) Inflammation of Brain
Duration of Last Sickness,
All the above information should be furnished by the Physician.
Place of Burial, Baltimore Cemetery
Date of Burial, August 16th
Undertaker, F. N. Trolle
Place of Business, 131 Hanover St. Address 201 Hanover St.
A. W. Dodd M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

116.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

Aug. 14th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Godfrey Gephardt

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

64 Years,

Months,

Days.

Color,

white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Laborer
Saxony

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

20 yrs -

Place of Death, { Give street and number. }

236

St. Durham

Cause of Death, { First (Primary,) Second (Immediate,) }

Paralysis

Duration of Last Sickness,

4 days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cem'ty

Date of Burial, August 16th 1877

{ Undertaker, H. Froehlich

{ Place of Business, 246 Eastern Ave

R. M. Mansfield

M. D.

Medical Attendant.

Address 1120 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

K

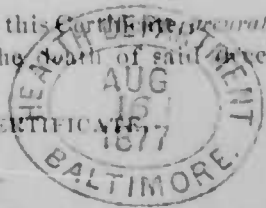
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21117

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, Aug. 15th, 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry Pinning

Sex, Male ~~Female~~ { Cross out the words not required in this line. }

Age, 24 Years, 11 Months, Days

Color, White

~~Married~~, Single, ~~Widow or Widower~~ { Cross out the words not required in this line. }

Occupation, Clerk

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Baltimore City

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give street and number. } 255 Green Mount Avenue

Cause of Death, { First (Primary.) Second (Immediate.) } Frequent colds
Consumption

Duration of Last Sickness, About a month

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Ch.

Date of Burial, August 18, 1877

{ Undertaker, Henry H. Beck }

{ Place of Business, 329 Central Ave. }

Hutton T. Taylor M. D.
Medical Attendant.

Address, Broadway & Mad. E. St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

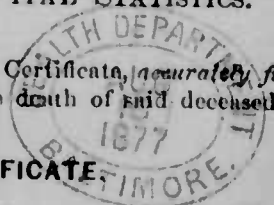
Board of Health, City of Baltimore,

Permit No. 20118

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE



CERTIFICATE OF DEATH.

Date of Death, *Aug 15th*
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *John Hamilton*
Sex, Male or Female, { Cross out the word not required in this line. } *Male*
Age, Years, *3* Months, *1* Days.
Color, *White* Sex, *Male*
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation, *Salt.*
Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Salt.*
Duration of Residence in the City of Baltimore, *No 64 Helman St*
Place of Death, { Give street and number. } *Manition*
Cause of Death, { First (Primary,) Second (Immediate,) } *About six weeks.*
Duration of Last Sickness, *About six weeks.*
All the above information should be furnished by the Physician.
Place of Burial, *St Vincent Cemetery*
Date of Burial, *16 Aug 5 o'clock PM*
{ Undertaker, *George C. Porter* Address
{ Place of Business, *38 E. Madison St*

W. Whitridge M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE



CERTIFICATE OF DEATH.

Date of Death,

August 15th 1877

Full Name of Deceased,

William Patrick Mallon

Sex, Male or ~~Female~~,

{ Cross out the word not required in this line. }

Age,

Years,

Months,

10 -

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give street and number. }

55 S. Gilmer

Cause of Death,

{ First (Primary,)
Second (Immediate,) }

Inanition

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Cathedral Cemetery

Date of Burial,

August 16th 1877

Undertaker,

Joseph F. Byrne

Place of Business,

59 N. Liberty

W. R. McMen M. D.

Medical Attendant.

Address

582 N. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

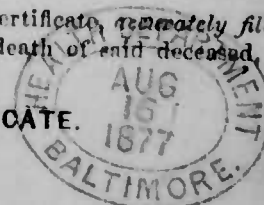
Board of Health, City of Baltimore,

Permit No. 20120,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *separately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *Aug 15th*

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. *Frederick R. Kay*

Sex, Male ~~or Female~~, Cross out the word not required in this line.

Age, *5* Years, *19* Months, *19* Days.

Color, *White* Sex, *Male*

Married, Single, Widow or Widower, Cross out the words not required in this line.

Occupation, *Teacher*

Birthplace, State or country (and how long in the United States, if of foreign birth.) *Baltimore Md.*

Duration of Residence in the City of Baltimore, *20 yrs.*

Place of Death, Give street and number. *438 Cross St.*

Cause of Death, First (Primary,) Second (Immediate.) *Dropsy*

Duration of Last Sickness, *2 wks.*

All the above information should be furnished by the Physician.

Place of Burial, *Greenmont Cemetery*

Date of Burial, *Aug 17th 1877*

Undertaker, *L. Kaylor*

Place of Business, *Cross Street* Address, *554 W. Fayette St.*

R. K. Lucas M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

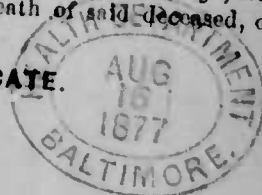
Board of Health, City of Baltimore,

Permit No. 20121

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, August 14th 1877
 Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Annella V. Moss
 Sex, Male & Female, { Cross out the word not required in this line. }
 Age, 24 Years, 9 Months, — Days.
 Color, White Sex, Female

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }
 Occupation, —

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Philadelphia, Pa.
 Duration of Residence in the City of Baltimore, 16 Years

Place of Death, { Give street and number. } 65 Hill St
 Cause of Death, { First (Primary,) Second (Immediate,) } Leucocythemia
 Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, August 16th 1877

Undertaker, James D. Byrne

Place of Business, N 63 N Front St

E. C. Jordan M. D.
 Medical Attendant.

187 N High St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

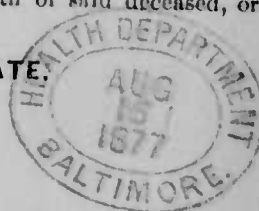
Board of Health, City of Baltimore,

Permit No. 211/22

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, August 16th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Ella May Lapp

Sex, Male or Female, { Cross out the word not required in this line. } _____

Age, _____ Years, 5 Months, _____ Days.

Color, White Sex, _____

Married, Single, Widow or Widower, { Cross out the words not required in this line. } _____

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } 279 E. Pratt St.

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } as above

Cause of Death, { First (Primary,) Second (Immediate,) } Cholera infantum

Duration of Last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Aug 17th 1877

Underlaker, Fay & Bros Address 114 N. 2nd St.

Place of Business, Broadway

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

123.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Aug 15th 77

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Henry Gerhardt Gerhardt

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 40 Years, Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Laborer

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Germany - 16 years

Duration of Residence in the City of Baltimore, 16 years

Place of Death, { Give street and number. } 61 N. Durham

Cause of Death, { First (Primary,) Incised wound of chest wounding lung
Second (Immediate,) Internal hemorrhage }

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St. Paulus Cemetery

Date of Burial, 18th August 1877

Edw. J. Privalle M. D.
Medical Attendant.

{ Undertaker, William Nicolai
Place of Business, 258 Alice Stn. }

Address, Corner M & D

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10124

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

August 15 1877

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

George F. Kirkwood

Sex, Male or Female,

Cross out the words not required in this line.

Age,

Years,

Months,

Days

Color,

White

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in United States, if of foreign birth.)

Baltimore

Duration of Residence in the City of Baltimore,

Since Birth

Place of Death,

Give street and number.

376 Sharp St

Cause of Death,

First (Primary.)

Second (Immediate.)

Strangulation

Duration of Last Sickness,

Since Birth

All the above information should be furnished by the Physician.

Place of Burial,

Mount Olive

Date of Burial,

August 17th

Undertaker,

B. Thorne

Place of Business,

411 Light Street

Address,

146 Hanover St

Herndon Cook M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11257

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

August 15th 77

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Elizabeth Mary

Sex, ~~Male~~ Female,

Cross out the words not required in this line.

Age,

1 Year

6 Months,

Days

Color,

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in United States, if of foreign birth.)

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

25-3 Cross St.

Cause of Death,

First (Primary),
Second (Immediate),

Diphtheria

Duration of Last Sickness,

3 days

All the above information should be furnished by the Physician.

Place of Burial,

St. Alphonsius Cem

Date of Burial,

Aug 17th 1877

R. J. N. Tall

M. D.

Medical Attendant.

Undertaker,

Julius Roehle

Address,

15-2 Sharp St.

Place of Business,

Cor Sharp & Croft.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 20126,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

CERTIFICATE OF DEATH.



Date of Death,

Aug 15 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

William H. Brown

Sex, Male ~~Female~~

Cross out the words not required in this line.

Age,

2

Years,

6

Months,

Days

Color,

Cauc

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

(State or country (and how long in United States, if of foreign birth.)

Balt City

Duration of Residence in the City of Baltimore,

Life

Place of Death,

(Give street and number.)

18 Stockholm St

Cause of Death,

First (Primary.)

Cold & neglect

Second (Immediate.)

Marasmus

Duration of Last Sickness,

6 months

All the above information should be furnished by the Physician.

Place of Burial,

Laurel Cemetery

Date of Burial,

Sept 17 1877

Amos A. Stenard M.D.

Undertaker,

S. W. Chase

Place of Business,

Howard St.

Address,

Comm of Health

Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore,

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information Susan Brown Mother

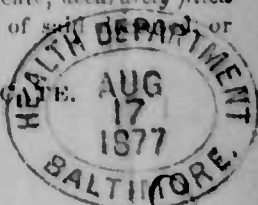
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20127c

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, Years, 5 Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Aug 18 9 A.M.

{ Undertaker, M. R. Hall }

{ Place of Business, 2335 Baltimore }

Address 17 Warren Ave

H. B. Noble M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20128,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE



CERTIFICATE OF DEATH.

Date of Death, *August 16th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Hester Hughes*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } *Female*

Age, *84* Years, Months, Days.

Color, *Colored* Sex, *Female*

Married, ~~Single~~ Widow or ~~Widower~~ { Cross out the words not required in this line. } *Widow*

Occupation, *House Keeper*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Dorchester Co Maryland*

Duration of Residence in the City of Baltimore, *Fifty years*

Place of Death, { Give street and number. } *49 Ralung St Balto City*

Cause of Death, { First (Primary), Second (Immediate), } *Inflammation of the Bowels*

Duration of Last Sickness, *Ten days*

All the above information should be furnished by the Physician.

Place of Burial, *Van Sharp St.*

Date of Burial, *August 17. 1877*

{ Undertaker, *Wm J Sharp* Address *221 Carrollton Ave* }

{ Place of Business, *65 Mulberry St* }

Jas H Gaskins M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

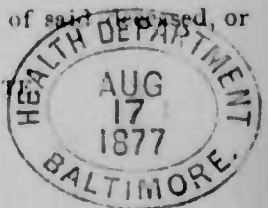
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20129

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, August 15
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Godfrey Busch
Sex, Male or ~~Female~~, { Cross out the words not required in this line. }
Age, 30 Years, 6 Months, 2 Days
Color, White
~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }
Occupation, Glass Blower
Birthplace, { State or country (and how long in United States, if of foreign birth.) } Germany
Duration of Residence in the City of Baltimore, 22 Years
Place of Death, { Give street and number. } 395 - S Eastern St
Cause of Death, { First (Primary,) Second (Immediate,) } Phtisis
Duration of Last Sickness, 2 Years
All the above information should be furnished by the Physician.
Place of Burial, Baltimore Cemetery
Date of Burial, August 19th 1877
{ Undertaker, Charles F. Herold }
{ Place of Business, 141 Howard Street }
Address, 146 Howard St
Thermond Corbin M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21130.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, August 16th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Annie Kerner

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 5 Years, Months, 26 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore, During Life

Place of Death, { Give street and number. } 164 S. Spring St

Cause of Death, { First (Primary,) Whooping Cough
Second (Immediate,) }

Duration of Last Sickness, 17 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt. Vernon Cemetery

Date of Burial, August 18, 1877.

M. D.

Medical Attendant.

Undertaker, George Saffran

Place of Business, 111 Thomas Avenue

Address, Cor. Lee & Thomas St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20131

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

Aug 15th 1877

Full Name of Deceased,

Bessie May Lichtner

Sex, Male or Female,

Write legibly and spell correctly. If an infant not named, give names of parents.

Age,

Years,

White

4

Months,

24

Days.

Color,

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace, State or country (and how long in the United States, if of foreign birth.)

Cumberland Ind 7 months

Duration of Residence in the City of Baltimore,

Place of Death, Give street and number.

No 11 Rutland St
Convulsions
3 weeks

Cause of Death, First (Primary), Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick Cemetery

Date of Burial, Aug. 18, 1877

Undertaker, M. A. Dargi

Place of Business, 74 S. Broadway

E. J. Williams M. D.
Medical Attendant.

Address 144 Chesapeake St
Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, the full name, sex, age and condition (whether married or single) of the person deceased, and the date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

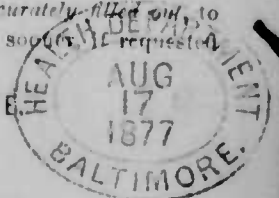
Board of Health, City of Baltimore,

Permit No. 20132

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner if requested to do so, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, 1 August 14th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Josiah Simcoe

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 47 Years, 2 Months, 6 Days.

Color, White

Married, Single, ~~Widow or Widower~~, { Cross out the word is not required in this line. }

Occupation, Merchant Sailor

Birthplace, { State or country (and how long in the United States, if of foreign birth. } England

Duration of Residence in the City of Baltimore, continuous to date

Place of Death, { Give street and number. } Cor. Balto St. & Irish Place

Cause of Death, { First (Primary,) Second (Immediate,) } Inflammation of the Kidneys

Duration of Last Sickness, Several weeks

All the above information shall be furnished by the Physician

Place of Burial, St. Patrick's Cem. & Ridgway Andre

Date of Burial, Aug 17th 1877 1 Ridgway Andre M. D.

Undertaker, Haifer Medical Attendant.

Place of Business, 74 Bine Address to 121 E. Balto. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and mode of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

of Death,

August 16th 1877

Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents }

Mary Carr

, Male or Female, { Cross out the word not required in this line. }

Female

40

Years,

White

Months,

Days.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Married

Occupation,

None

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Ireland

Duration of Residence in the City of Baltimore,

27 years

Place of Death, { Give street and number. }

95 S. Castle St.

Cause of Death, { First (Primary,) Second (Immediate,) }

Phthisis Pulmonalis

Duration of Last Sickness,

About 2 or 3 years

All the above information should be furnished by the Physician.

Place of Burial,

Holy Cross Church

Date of Burial,

Aug 17th 1877

{ Undertaker,

M. J. O'Day

{ Place of Business,

74 Bow

Address

James H. Shaw M. D.
Medical Attendant
61 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of *the deceased*, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *August 15 - 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Female Elizabeth C. Shields*

Sex, Male or Female, { Cross out the word not required in this line. } *Female*

Age, *60* Years, _____ Months, _____ Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Married*

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Prince Geo. Co. Md.*

Duration of Residence in the City of Baltimore, *40 years*

Place of Death, { Give street and number. } *104 N. Broadway*

Cause of Death, { First (Primary,) Second (Immediate,) } *Ulcerative Intestines*
Apoplexy

Duration of Last Sickness, *Several weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Baltimore Cemetery*

Date of Burial, *Aug 17th 1877*

Undertaker, *M. O. Hayes*

Place of Business, *74 Bms*

James E. Dornell M. D.
Medical Attendant.

Address *299 E. Baltimore St.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

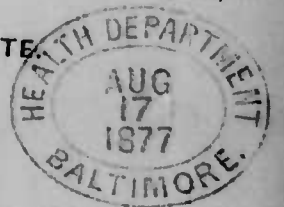
Permit No. 20135

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

Years,

6 Months,

Days.

Color,

Colored

Sex,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 19

{ Undertaker, William J. Dwyer

{ Place of Business, 62 East St

Baltimore City
Leprosy
180 Ann St.
Brain Trouble

Five weeks

W. A. Smith M. D.
Medical Attendant

Address 157. Annapolis

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 20136,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Aug 16th 1879

Full Name of Deceased,

Write legibly and fill correctly. If an infant not named, give names of parents.

Martha Titus

Sex, ~~Male~~ or Female,

Cross out the word not required in this line.

Age,

Years,

Months,

Days.

Color,

Colored

Sex,

Married, Single, Widow or Widower, Cross out the word not required in this line.

Occupation,

Birthplace, State or country (and how long in the United States, if of foreign birth.)

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, Give street and number.

(53)

44 Lewis St

Cause of Death,

First (Primary),

Second (Immediate),

Cholera Infantum

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, ~~St. Mary's Cemetery~~

Date of Burial, August 17

O. S. Mahon

M. D.

Medical Attendant.

Undertaker, William J. Linger

Place of Business, 62 East St

Address 138 W. Exeter St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

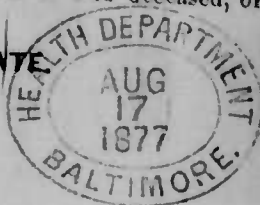
Permit No. 20137

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

CERTIFICATE OF DEATH.



Date of Death,

Aug 16 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Lizzie Townes

Sex, ~~Male~~ Female,

Cross out the word not required in this line.

Age,

Years,

Months,

30 Days.

Color,

Black

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Sex,

Woman. Was I before -

Occupation,

Got none

To young to marry & must be finger

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Balto City, State of Maryland & 30 days in the U.S.

Duration of Residence in the City of Baltimore,

30 days in Balto

Place of Death,

Give street and number.

42 Elbo Lane

Cause of Death,

First (Primary),

Tetanus

Second (Immediate.)

Duration of Last Sickness,

30 days

All the above information should be furnished by the Physician.

Place of Burial,

Lamel Cemetery

Date of Burial,

August 17

Undertaker,

William A. Dwyer

Place of Business,

2 East St

J. F. Welsh

M. D.

Medical Attendant.

Address 169 Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

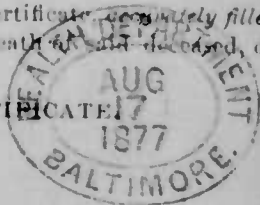
SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate *completely filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death ~~of~~ *and deceased*, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE



[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20139

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Aug. 16/77

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Elanora P. Frey

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Female.

Age,

3 Years,

10 Months,

Color,

White

Sex,

Female.

4 Days.

~~Married~~, Single, ~~Widowed~~, ~~Widowed~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Baltimore Md.

Duration of Residence in the City of Baltimore,

Lifetime

Place of Death, { Give street and number. }

33 Knapp St.

Cause of Death, { First (Primary), Second (Immediate), }

Diphtheria,

Exhaustion or Prostration

Duration of Last Sickness,

one week.

All the above information should be furnished by the Physician.

Place of Burial,

Western Cemetery

Date of Burial,

August 18th 1877

M. D.

Undertaker,

Peter Kimmert

Medical Attendant.

Place of Business,

311 Bullocky

Address

George St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

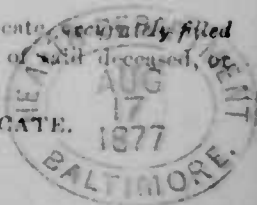
Board of Health, City of Baltimore,

Permit No. *420140*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *August 16th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Anna Leucht*

Sex, Male or Female, { Cross out the word not required in this line. } *Female*

Age, *1* Years, *4* Months, *17* Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *—*

Occupation, *—*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore*

Duration of Residence in the City of Baltimore, *since birth*

Place of Death, { Give street and number. } *23 Randall St.*

Cause of Death, { First (Primary,) Second (Immediate,) } *Cholera Infantum*

Duration of Last Sickness, *3 weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Cedar Hill.*

Date of Burial, *Aug 17th*

{ Undertaker, *C. F. Krause*

{ Place of Business, *209 Hanover St.* Address *108 S. Sharp St.*



M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20141

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *Aug 16 1877*

Full Name of Deceased, *Ambrose J. H. Selinger*
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or ~~Female~~, *Male*
{ Cross out the word not required in this line. }

Age, *53* Years, _____ Months, _____ Days.

Color, *W*

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, *Single*
{ Cross out the words not required in this line. }

Occupation, *Cabinet Maker*

Birthplace, *Baltimore*
{ State or country (and how long in the United States, if of foreign birth). }

Duration of Residence in the City of Baltimore, _____

Place of Death, *68 N Gay St*
{ Give street and number. }

Cause of Death, *Hemiplegia* { First (Primary.) } *(I have not seen this patient for nearly 3 mos. but he suffered from Hemiplegia when under my care at St. Joseph's Hospital)*
{ Second (Immediate.) }

Duration of Last Sickness, *from Hemiplegia when under my care at St. Joseph's Hospital*

All the above information should be furnished by the Physician.

Place of Burial, *St. Vincent Cemetery*

Date of Burial, *Aug 18th 1877*

{ Undertaker, *Henry H. Mears*
 Place of Business, *45 N Gay St* }

Address *188 N Calvert St*

Dea J. Kosher M.D.
 Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 20142

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

Aug. 17th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Mary Lockins

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 7 Years,

Months,

Days.

Color, colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Balt. Med.

Duration of Residence in the City of Baltimore,

Since birth

Place of Death, { Give street and number. }

509 W. Cleary St. reb.

Cause of Death, { First (Primary,) Second (Immediate,) }

congestive chill
Measles

Duration of Last Sickness,

Two days.

All the above information should be furnished by the Physician.

Place of Burial,

Larnel cemetery

Date of Burial, Aug 18

Undertaker, John W. Locks

Place of Business, 59. S Wolfe st

G. G. Rusk

M. D.

Medical Attendant.

Address Balt. Wash. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

This is respectfully invited to the Remarks Below, and to List of Diseases on back of this

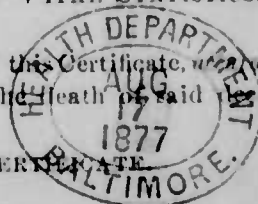
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20443

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

Aug 15 - 1877

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

George Henry Reed

Sex, Male or Female,

{ Cross out the words not required in this line. }

Age,

One Years,

8 Months,

Days

Color,

Black

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

20 months

Place of Death,

{ Give street and number. }

No 2 Spring's Court

Cause of Death,

{ First (Primary.) }

{ Second (Immediate.) }

Diphtheria

Cerebral

Duration of Last Sickness,

11 days

All the above information should be furnished by the Physician.

Place of Burial,

Laurel Cem

Date of Burial,

Aug 17 1877

Undertaker,

Theo J Soeks

Place of Business,

56 Jefferson

Address,

Broadway &

Madison St

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

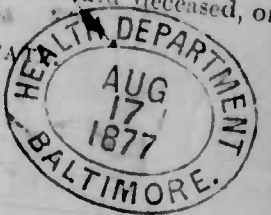
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 201114

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

August 16th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Mary F. Blackston

Sex, ~~Male~~ Female, { Cross out the words not required in this line. }

Age,

1 Year, 7 Months, 14 Days

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

175 York

Cause of Death, { First (Primary,) Second (Immediate,) }

Cholera Infusion
Convulsions

Duration of Last Sickness,

2 Mds.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 17th

Undertaker, J. Davis

Place of Business, 103 Lane St

R. J. N. Tall M.D.
Medical Attendant.

Address, 152 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

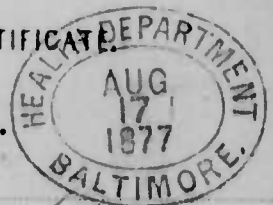
OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20145.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, August 16th 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William H. Spencer

Sex, Male or Female, { Cross out the word not required in this line. } Male.

Age, 47 Years, 7 Months, 5 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Expressman

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto County

Duration of Residence in the City of Baltimore, 47 years

Place of Death, { Give street and number. } No 479 Ash St

Cause of Death, { First (Primary,) Second (Immediate,) } Consumption of the Lungs

Duration of Last Sickness, about 2 years

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Aug 18th 77

{ Undertaker, Geo. Schilling

{ Place of Business, Ashland Square

J. B. Ridgway M. D.
Medical Attendant.

Address No. 21 E. Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 20146,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Aug. 17th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Robert W. Marshall.

Sex, Male ~~or Female~~, { Cross out the words not required in this line. }

Age,

40 Years,

Months,

Days

Color,

Married, Single, Widower or ~~Widow~~, { Cross out the words not required in this line. }

Occupation,

Printer.

Birthplace, { State or country (and how long in United States, if of foreign birth.) }

Chamberburg Pa.

Duration of Residence in the City of Baltimore,

24 Years.

Place of Death, { Give street and number. }

80 Leadenhall St.

Cause of Death, { First (Primary,) Second (Immediate,) }

Apoplexy
a few hours.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore Cemetery

Date of Burial,

19th Aug.

R. J. W. Tall M. D.

Medical Attendant.

{ Undertaker,

Henry Truitt

Address,

152 S. Sharp St.

{ Place of Business,

Henrietta St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20147

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, August 17-1877-
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Annie Matilda Skides
Sex, Male ~~or~~ Female, { Cross out the word not required in this line. } Female
Age, Three Years, Three Months, Seventeen Days.
Color, ~~White~~ Sex, ~~Male~~
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation,
Birthplace, { State or country (and how long in the United States, if of foreign birth. } Hanover - Pa
Duration of Residence in the City of Baltimore, About six months
Place of Death, { Give street and number. } 763 Lombard St
Cause of Death, { First (Primary,) Diphtheria
Second (Immediate,) Apnea
Duration of Last Sickness, Six days
All the above information should be furnished by the Physician.
Place of Burial, Western Cemetery C. C. McDevall M. D.
Date of Burial, August 18 Medical Attendant.
{ Undertaker, J. B. Cook
{ Place of Business, 707 West Baltimore Address 91 Frederick Ave
291 Madison Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20148

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, Friday Aug 17th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William Bolden

Sex, Male or Female, { Cross out the words not required in this line. } Male

Age, _____ Years, 11 Months, 10 Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, _____

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Cor of Boston & Bennett Sts

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number. } Cor of Boston & Bennett Sts

Cause of Death, { First (Primary,) Pertussis
Second (Immediate,) } Pertussis

Duration of Last Sickness, Two Months

All the above information should be furnished by the Physician.

Place of Burial, Hampton Woodbury

Date of Burial, August 18th 1877

{ Undertaker, H. M. Gibmeyer } Address, 28 O'Donnell St

{ Place of Business, 341 Canton St }

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

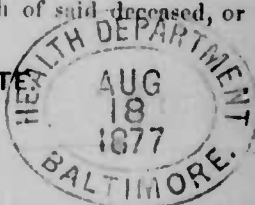
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20149

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE



CERTIFICATE OF DEATH.

Date of Death, Aug 17

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Gallagher

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 8 Months, 19 Days.

Color, white Sex,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number. } Biddle & Foster ally

Cause of Death, { First (Primary,) Cholera infantum }
{ Second (Immediate,) }

Duration of Last Sickness, 8 hours

All the above information should be furnished by the Physician.

Place of Burial, St Peters Germ

Date of Burial, Aug 18th 1877

{ Undertaker, Thos J. Scriven }
{ Place of Business, 2711 Eutan }

J. E. Chabard M. D.
Medical Attendant.

Address 114 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *Aug 18th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Maria Louise Phelps*

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, *25* Years, *8* Months, Days.

Color, *White*

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, *Teacher*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore*

Duration of Residence in the City of Baltimore, *All her life*

Place of Death, { Give street and number. } *259 Druid St. Ave*

Cause of Death, { First (Primary.) Second (Immediate.) } *Pulmonary Consumption*

Duration of Last Sickness, *about 4 months*

All the above information should be furnished by the Physician.

Place of Burial, *Bethesda Cemetery*

Date of Burial, *Aug 20th 1877*

{ Undertaker, *C. H. Blizard* }

{ Place of Business, *Dolphin & Burns Ave* }

C. C. Williams M. D.
Medical Attendant.

Address *201 Madison Ave*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20157,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE



CERTIFICATE OF DEATH.

Date of Death, Aug 17th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Alexander McDonald

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Sixteen Years, Ten Months, Days.

Color, White Sex,

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Laborer

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } No. 47 Wills St.

Cause of Death, { First (Primary,) Traumatic Tetanus. { Splinter under nail of middle finger 3 weeks before attack
Second (Immediate,) Hyperpyrexia

Duration of Last Sickness, 25 days

All the above information should be furnished by the Physician.

Place of Burial, St Patrick's Cemetery John S. Lynch M. D.
Date of Burial, Aug 19 Medical Attendant.

{ Undertaker, W & Watchman Address SE. Broadway & Pratt St
{ Place of Business, 191 S. Bond St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

20152

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, Aug 17th 47

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Blocher

Sex, Male or Female, { Cross out the word not required in this line. }

Age, _____ Years, 15 Months, _____ Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Md

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 4 Callender Alley

Cause of Death, { First (Primary,) Second (Immediate,) } Cholera Infantum

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Aug 18 5 1877

{ Undertaker, C. Wiegand

{ Place of Business, 53 Druid Hill Ave

J. H. Keller

M. D.

Medical Attendant.

Address of J. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

1877

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, August 18 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles M. Nelson

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Years, Three Months, Five Days.

Color, White

Married, Single, Widowed or Widower, { Cross out the words not required in this line. } Single

Occupation, Life Guard

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore City, Md.

Duration of Residence in the City of Baltimore, 14 Years

Place of Death, { Give street and number. } 144 Leancaster St.

Cause of Death, { First (Primary), Second (Immediate), } Cholera Infantum

Duration of Last Sickness, Three Days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cemetery

Date of Burial, August 19 1877

{ Undertaker, H. Rocklick } Address, 217 E. Broadway

{ Place of Business, 246 Eastern Ave. }

Nicholas P. Starcher, M. D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



20154

Date of Death, *Aug. 18th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Mellie Lamm*

Sex, Male or Female, { Cross out the word not required in this line. } *female*

Age, *2* Years, *10* Months, Days.

Color, *white*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Balt. City*

Duration of Residence in the City of Baltimore, *since born*

Place of Death, { Give street and number. } *73 Crocker St*

Cause of Death, { First (Primary,) Second (Immediate,) } *meningitis*

Duration of Last Sickness, *4 days.*

All the above information should be furnished by the Physician.

Place of Burial, *Holy Cross Cemetery*

Date of Burial, *Aug 19th*

{ Undertaker, *Mr. Clarke & Son*

{ Place of Business, *64 E. Baltimore St.*

R. B. Lamm M. D.
Medical Attendant.

Address *47 N. Broadway*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on

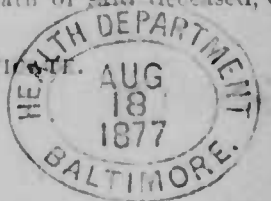
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20155,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *August 17th 1877 - 15:15 P.M.*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *William Crump*

Sex, *Male* or Female, { Cross out the words not required in this line. }

Age, *Six (6)* Years, *Three (3)* Months, Days

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) } *Baltimore County*

Duration of Residence in the City of Baltimore, *Three (3) Years*

Place of Death, { Give street and number. } *Walker St. 1st House North of St. Peter St.*

Cause of Death, { First (Primary,) Second (Immediate,) } *Diphtheria*
Prostration

Duration of Last Sickness, *Five (5) Days*

All the above information should be furnished by the Physician.

Place of Burial, *Mount Olivet*

Date of Burial, *Aug 19 1877*

{ Undertaker, *John P. Paulus*

{ Place of Business, *66 Frederick Ave*

Dr. W. D. Dyer M.D.
Medical Attendant.

Address, *82 South Fremont St.*

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 20156.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Aug 17th

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

William H. Bunting

Sex, Male or Female,

Cross out the word not required in this line.

Age,

7

Years,

Months,

Days.

Color,

White

Sex,

male

~~Married~~, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

Cor Calvert & Bath

Cause of Death,

First (Primary),

Second (Immediate),

Convulsions

Duration of Last Sickness,

10 hours

All the above information should be furnished by the Physician.

Place of Burial,

Mount Olivet Cemetery

Date of Burial,

Aug 18 4 o'clock

Geo. B. Reynolds

M. D.

Medical Attendant.

Undertaker,

George C. Rodermayer

Place of Business,

138 Essex St

Address

43 North Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

20157.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Aug 18th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Leadia Virginia Bittings

Sex, ~~Male~~ or Female,

Cross out the word not required in this line.

Age,

Seventeen Years, eleven Months, & twelve Days.

Color,

White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~,

Cross out the words not required in this line.

Occupation,

None

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore

Duration of Residence in the City of Baltimore,

Life

Place of Death,

Give street and number.

112 Burgundy St

Cause of Death,

First (Primary),

Second (Immediate),

Typhoid fever
Malarial complication
Nearly two weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

11th District Cemetery

Date of Burial,

August 20th 1877

Undertaker,

John S. Maecher

Place of Business,

1150 Canal St.

Address

267 Mad. St.

Elias C. Price M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

20158

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *Aug July 17th 11 P.M.*

Full Name of Deceased, *Michael Kelly*

Sex, Male ~~or Female~~, *Male*

Age, *9* Years, *7* Months, *7* Days.

Color, *White*

Married, Single, Widow or Widower, *Single*

Occupation, *Ball*

Birthplace, *Baltimore*

Duration of Residence in the City of Baltimore, *9 Stemmers Alley*

Place of Death, *9 Stemmers Alley*

Cause of Death, *Sholera Infantum*

Duration of Last Sickness, *5 days*

All the above information should be furnished by the Physician.

Place of Burial, *St Vincent's Cemetery*

Date of Burial, *August 19 1877*

Undertaker, *James P. Byrne*

Place of Business, *No 63 N Street*

Address, *11 S. High St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20159

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

August 18th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Arnold Yates

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age,

58

Years,

Months,

Days.

Color,

Black

Sex,

Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Married

Occupation,

Porter in Bank

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Eastern Shore of Maryland

Duration of Residence in the City of Baltimore,

Since Youth

Place of Death, { Give street and number. }

26 North Frederick St.

Cause of Death, { First (Primary), Second (Immediate), }

Bright's Dis. of Kidneys
Coma

Duration of Last Sickness,

Not known exactly - a year or more

All the above information should be furnished by the Physician.

Place of Burial,

Laural Cemetery

Date of Burial,

Aug 19th 1877

{ Undertaker,

Henry W. Mears

{ Place of Business,

45 N Gay St

Address

125 N. Charles St.

Eugene J. Cordell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

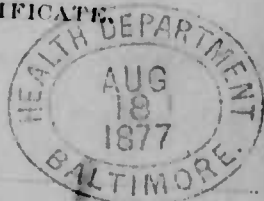
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

August 14, 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

John H. Parker

Sex, Male or Female,

Cross out the word not required in this line.

Age,

2

Years,

9

Months,

Days.

Color,

Colored

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Balt. city

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

12

Peach alley

Cause of Death,

First (Primary),

Second (Immediate),

Phthisis Pulmonalis

Duration of Last Sickness,

All the above information should be furnished by the Physician.

6 months

Place of Burial,

Laurel Cemetery

Date of Burial,

Aug 15 1877

Undertaker,

W. H. Mason

Place of Business,

98 S. Broadway St.

J. W. Webster, M. D.
Medical Attendant.

Address

53 Barret

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 20161

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *Aug 15 - 1877*

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. *John William Lamm*

Sex, *Male* or *Female*, Cross out the word not required in this line.

Age, *11* Years, *1* Months, *1* Days.

Color, *Colored* Sex, *male*

Married, Single, Widow or Widower, Cross out the words not required in this line.

Occupation,

Birthplace, State or country (and how long in the United States, if of foreign birth.) *Balt*

Duration of Residence in the City of Baltimore, *life*

Place of Death, Give street and number. *Orchard St.*

Cause of Death, First (Primary,) Second (Immediate,) *unknown*

Duration of Last Sickness, *unknown* - *Certificate given for sake of burial - saw Can last time about two months ago.*

Place of Burial, *Marple St Cemetery* *Alfred Hughes, M. D.*
Date of Burial, *Aug 18, 1877* Medical Attendant.

Undertaker, *H. H. Lane* Address *234 W. Biddle St.*
Place of Business, *93 Howard St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

20162

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

August 15th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Samuel Greenwood

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age, about 80 Years,

Months,

Days.

Color,

Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Widower

Occupation,

Porter

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Virginia

Duration of Residence in the City of Baltimore,

60 years

Place of Death, { Give street and number. }

315- S. Rutaw St.

Cause of Death, { First (Primary,) Second (Immediate,) }

Old age
Paralysis
6 months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Mary's Cemetery

Date of Burial, August 16. 77

{ Undertaker, J. W. & Son

{ Place of Business, 100 S. Howard St

R. B. Lee M. D.
Medical Attendant.

Address Harmon & Bond Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 20163

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *17th August - 1877.*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Alexander Dorsey,*

Sex, *Male* ~~or Female~~, { Cross out the word not required in this line. }

Age, *Six* Years, *three* Months, *1* Days.

Color, *Colored* Sex, *Male*

~~Married, Single, Widow or Widower,~~ { Cross out the words not required in this line. }

Occupation, *—*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore*

Duration of Residence in the City of Baltimore, *6 years & 3 mos.*

Place of Death, { Give street and number. } *No 2. Mason ally -*

Cause of Death, { First (Primary,) Second (Immediate,) } *Diphtheria -*

Duration of Last Sickness, *one week -*

All the above information should be furnished by the Physician.

Place of Burial, *Laurel Cemetery*

Date of Burial, *Aug. 20. 77* *W. C. Van Bibber* M. D. Medical Attendant.

{ Undertaker, *J. W. G. H. H. H.* Address *47. Franklin St.*

{ Place of Business, *St. Howard St.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

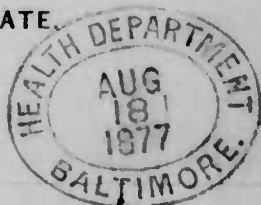
OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 20164

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, August 18th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mrs. Eliza Morris

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 65 Years, Months, Days.

Color, White Sex, Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. } ~~Married~~ Widow

Occupation, Housewife

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore Md.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 204 John St.

Cause of Death, { First (Primary,) Phthisis Pulmonalis; Second (Immediate,) Inflammation

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Public Cemetery

Date of Burial, Aug 20, 9 1/2 A.M. J. W. Thomson M. D. Medical Attendant.

{ Undertaker, H. A. Hall

{ Place of Business, 233 E. Baltimore Address 248 Madison St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

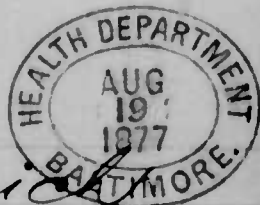
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *August 18th*

Full Name of Deceased, *Barbara Friedrich*
Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Male or Female, *Female*
Cross out the word not required in this line.

Age, *42* Years, _____ Months, _____ Days.

Color, *White*

Married, Single, Widow or Widower, *Married*
Cross out the words not required in this line.

Occupation, *Housewife*

Birthplace, *Bavaria, Germany*
State or country (and how long in the United States, if of foreign birth.)

Duration of Residence in the City of Baltimore, *about 20 years*

Place of Death, *No 339 Eastern Av.*
Give street and number.

Cause of Death, *Phtisis Pulm.*
Exhaustion
First (Primary.)
 Second (Immediate.)

Duration of Last Sickness, *several months*
All the above information should be furnished by the Physician.

Place of Burial, *Mount Carmel Burial Co. Mt. Vernon St.*

Date of Burial, *August 19th*

Undertaker, *Henry Deitz*

Place of Business, *252 Alice Ann St.*

Address, *12 S. Calvert*

H. C. Wintermiller M. D.
 Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

20766

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

18th of August 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Joseph Rith

Sex, Male or Female,

Cross out the word not required in this line.

Age,

63 Years,

Months,

Days.

Color, W. T.

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Teacher

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Prussia

Duration of Residence in the City of Baltimore,

20 years

Place of Death,

Give street and number.

98 S. Chapel St

Cause of Death,

First (Primary.)

Carcinoma maxillae inferioris

Second (Immediate.)

Marasmus

Duration of Last Sickness,

6 months

All the above information should be furnished by the Physician.

Place of Burial,

St. Alphonsus Church

Date of Burial,

Aug 19th 1877

Undertaker,

A. Höhler

Place of Business,

244 E. Lombard St

Address

245 E. Baltimore St

J. Mathews, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20767

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, to the undertaker or other person superintending the burial, within twenty-four hours after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

Aug 17 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Joseph McQuinn

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

45 Years,

Months,

Days.

Color,

Sex,

male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Ship Joiner

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Maryland

Duration of Residence in the City of Baltimore,

45 years

Place of Death, { Give street and number. }

253 Bank St

Cause of Death, { First (Primary), Second (Immediate), }

Phthisis Pulmonalis

Duration of Last Sickness,

Unknown

All the above information should be furnished by the Physician.

Place of Burial,

Methodist Cemetery

Date of Burial,

Aug 19 1877

Undertaker,

Hughes & Co

Place of Business,

65 S. Broadway

Address

41 S. Broadway

W. W. White, M. D.

Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVZR.]

Board of Health, City of Baltimore,

No. 20768

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

August 18th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Joseph E. Lippey

Sex, Male or Female,

Cross out the word not required in this line.

Male

Age,

One (1)

Years,

Two (2)

Months,

Color,

White

Sex,

Male

Days.

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

City of Balto

Duration of Residence in the City of Baltimore,

Since Birth

Place of Death,

Give street and number.

No 146 Scott St

Cause of Death,

First (Primary),

Second (Immediate),

Cholera Infantum.

Duration of Last Sickness,

Seven days

All the above information should be furnished by the Physician.

Place of Burial,

W. H. H. Burial Ground, Blad

Date of Burial,

August 20

M. D.

Medical Attendant.

Undertaker,

J. A. Crook

Place of Business,

707 W. H. Baltimore

Address

140 Scott St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

20769
The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

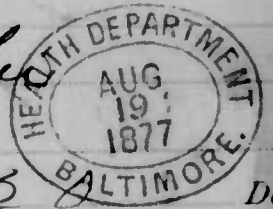
Date of Death,

August 18

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

John H. Parker



Sex, Male or Female,

{ Cross out the words not required in this line. }

Age,

3

Years,

11

Months,

3

Days

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

Since Birth

Place of Death,

{ Give street and number. }

S. Charles

Cause of Death,

{ First (Primary.)
Second (Immediate.) }

Dysentery

Duration of Last Sickness,

All the above information should be furnished by the Physician.

4 days

Place of Burial,

Baltimore Cemetery

Date of Burial,

August 20

Theodore Cook

M. D.

Medical Attendant.

{ Undertaker,

J. B. Cook

Address,

146 Hanover

{ Place of Business,

707 West Baltimore

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 20770

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH



Date of Death, Aug 17th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Jas. Hammond

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 37 Years, Months, Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Porter

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } Cor Franklin & State Sts

Cause of Death, { First (Primary,) Phthisis Pulmonalis
Second (Immediate,) Hemorrhage

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, August 19

Undertaker, John C. Jordan

Place of Business, 23 Park Row

MR Warner M. D. Medical Attendant.

Address 165 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

20771
Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, August 18, 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary E. Fisher

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 1 Years, 6 Months, 10 Days.

Color, Caucasian

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Domestic S.

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Prussia, P.

Duration of Residence in the City of Baltimore, 20 years

Place of Death, { Give street and number. } Waters Court

Cause of Death, { First (Primary,) Second (Immediate,) } Pueral Infection

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, August 19, 1877

Undertaker, John C. Jordan

Place of Business, 33 East Ave

Address, 33 East Ave

M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

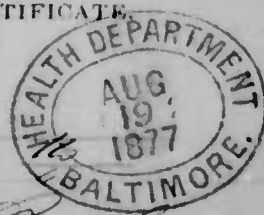
OFFICE OF REGISTRAR OF VITAL STATISTICS.

207,72

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

August 17

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents }

Rose Ann Boyle

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

Years,

Seven Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number }

427 Fort Avenue

Cause of Death, { First (Primary,) Second (Immediate,) }

Whooping Cough & Cholera Sym

Duration of Last Sickness,

Three Months

All the above information should be furnished by the Physician.

Place of Burial,

St. Patricks Cemetery

Date of Burial,

Aug 19 1877

{ Undertaker,

J. H. Koepfers

{ Place of Business,

Crop & Sharp

Address

Julius Hall, M. D.
Medical Attendant.
Southern Dispensary
45 Conway St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 207, 73

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 16 1877

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. William Booth

Sex, Male or Female, Cross out the word not required in this line.

Age, 30 Years, Months, Days.

Color, Cal Sex, Male

Married, Single, Widowed or Widower, Cross out the words not required in this line.

Occupation, Labourer

Birthplace, State or country (and how long in the United States, if of foreign birth.) Harford Co Md

Duration of Residence in the City of Baltimore, 16 years

Place of Death, Give street and number. 10 Wilmore ally

Cause of Death, First (Primary,) Second (Immediate.) Consumption

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Leonard Cemetery

Date of Burial, Aug 19 1877

Undertaker, William H. Longue

Place of Business, No 10 Stockdale ally

Address

M. D. Medical Attendant.



Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 20,174

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Aug 18th 1877

Full Name of Deceased,

Write fully and spell correctly. If an infant not named, give names of parents.

Walter Downey

Sex, Male or Female,

Cross out the word not required in this line.

Age,

1

Years,

Months,

Color,

Sex,

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

141 N. Front

Cause of Death,

First (Primary),
Second (Immediate).

Cholera Infantum,

judging from history of case, as I did not see it till just before death

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Catholic Cemetery

Jes. B. Reynolds

M. D.

Date of Burial,

August 19 1877

Medical Attendant.

Undertaker,

James D. Byrne

Place of Business,

No 63 N Front St

Address

43 N Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 20775

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, Aug 17th
 Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Carmack
 Sex, Male or Female, { Cross out the word not required in this line. } Male
 Age, 35 Years, 3 Months, Days.
 Color, Colored Sex, Male
 Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married
 Occupation, Bar-tender
 Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Balh City
 Duration of Residence in the City of Baltimore, Life
 Place of Death, { Give street and number. } No 127 N Caroline St
 Cause of Death, { First (Primary,) } Phthisis.
 { Second (Immediate,) }
 Duration of Last Sickness, Four months
 All the above information should be furnished by the Physician.
 Place of Burial, Abner Cemetery Wm Whitridge M. D. Medical Inspector
 Date of Burial, Aug 18 1877
 { Undertaker, J McRae & Address }
 { Place of Business, No 198 Howard }

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

20776
The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 17th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Rachel A. Smith

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 20 Years, 6 Months, Days.

Color, Caucasian

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Clerk

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore, 154 Clapnet Place

Place of Death, { Give street and number. } Crown Alley

Cause of Death, { First (Primary,) Second (Immediate,) } Scarificia

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 19th 1877

{ Undertaker, Wm. James Gray

{ Place of Business, 43 Mulberry St

Address

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 20777

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *20 August 17th 1877*

Full Name of Deceased, *Ferdinand Morrison* 

Sex, *Male* or *Female*, { Cross out the words not required in this line. }

Age, _____ Years, _____ Months, *14* Days

Color, *Colored*

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, *none*

Birthplace, { State or country (and how long in United States, if of foreign birth.) } *12 Forest Street*

Duration of Residence in the City of Baltimore, *14 days*

Place of Death, { Give street and number. } *12 Forest St*

Cause of Death, { First (Primary,) *Apoplexy*
Second (Immediate,) *Refusing to take food* }

Duration of Last Sickness, _____

All the above information should be furnished by the Physician.

Place of Burial, *Land Cemetery*

Date of Burial, *August 19*

{ Undertaker, *William A. Dimpue*
Place of Business, *62 Chest St*

Address, *18 Wisquit St*

Patient not attended by any physician

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 20178

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

20178 NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

August 18th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Henrietta Davis

Sex, ~~Male~~ Female,

Cross out the word not required in this line.

Age,

70 Years,

Months,

Color,

White

Sex,

Female



~~Married~~, Single, ~~Widow~~ or ~~Widower~~,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Charleston Md

Duration of Residence in the City of Baltimore,

about 20 years

Place of Death,

Give street and number.

336 Park Ave

Cause of Death,

First (Primary),

Diabetes

Second (Immediate),

Exhaustion

Duration of Last Sickness,

about 3 months

All the above information should be furnished by the Physician.

Place of Burial,

Green Mount Cemetery

Date of Burial,

Aug 20th 1877

Undertaker,

Wm. P. Hughes

Place of Business,

60 E. Baltimore St.

Address

by Ant. St.

M. D. Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *18th August 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } *Fredrick H. Apple*

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *7* Years, *9* Months, *3* Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, *Balto*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } *6 Bramis Court.*

Cause of Death, { First (Primary,) Second (Immediate,) } *Abcess of mouth & exhaustion*

Duration of Last Sickness, *5-10.*

All the above information should be furnished by the Physician

Place of Burial, *Western cemetery*

Date of Burial, *Aug. 20 1877*

Undertaker, *Charles F. G. G. G. G.*

Place of Business, *161 N. Howard St.*

A. M. Dodge M. D.
Medical Attendant.

207 Howard St. Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 20780

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *August 18 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Helen Hutton*

Sex, Male or Female, { Cross out the word not required in this line. } *Female*

Age, *1* Years, *7* Months, Days.

Color, *Colored* Sex,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore*

Duration of Residence in the City of Baltimore, *One Year & Seven Months*

Place of Death, { Give street and number. } *116 Jasper St -*

Cause of Death, { First (Primary),
Second (Immediate). } *Whooping Cough -
Convulsions -
About 3 Days*

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, *Laurel Cemetery*

Date of Burial, *August 19th 1877* *Dr. J. F. Perkins - M. D.*
Medical Attendant.

{ Undertaker, *Wm. H. Bishop*

{ Place of Business, *27. Duane St* Address *172 Franklin St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 20781

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *Aug 19th 1877*
 Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. *Laisie Laicker*
 Sex, ~~Male~~ or Female, Cross out the word not required in this line. *Female*
 Age, _____ Years, _____ Months, *Half* Days.
 Color, *White* Sex, *Female*

Married, Single, Widow or Widower, Cross out the words not required in this line. _____

Occupation, _____

Birthplace, State or country (and how long in the United States, if of foreign birth.) *444 W Lombard St*

Duration of Residence in the City of Baltimore, *from birth*

Place of Death, Give street and number. *444 W Lombard St*

Cause of Death, First (Primary), *Diphtheria*
Second (Immediate),

Duration of Last Sickness, *from birth*

All the above information should be furnished by the Physician.

Place of Burial, *Western Cemetery* *J. W. Correll* M. D.

Date of Burial, *August 20th*

Undertaker, *Wm. M. Leonard & son*

Place of Business, *782 W. Baltimore St* Address *506 W Fayette St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 20782

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Twenty Six Years,

One Months,

Days.

Color,

White

Sex,

Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Baker

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Baltimore City

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give street and number. }

126. S. Green St.

Cause of Death, { First (Primary,) }
{ Second (Immediate,) }

Typho Pneumonia

Duration of Last Sickness,

Three (3) weeks

All the above information should be furnished by the Physician.

Place of Burial,

First Home Cemetery

Date of Burial,

August 21st

M. D.

Medical Attendant.

{ Undertaker,

B. H. Clark

Address

{ Place of Business,

411 Light Street

411 Green St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

20183

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *Aug. 18th*
 Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Mary Ann Rupp.*
 Sex, Male or Female, { Cross out the word not required in this line. } *Female*
 Age, *21* Years, *21* Months, *21* Days.
 Color, *White*
 Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }
 Occupation, _____
 Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *5. Hoodyear.*
 Duration of Residence in the City of Baltimore, _____
 Place of Death, { Give street and number. } *5. Hoodyear.*
 Cause of Death, { First (Primary,) Second (Immediate,) } *Imanition*
 Duration of Last Sickness, *2 weeks.*
All the above information should be furnished by the Physician.
 Place of Burial, *London Park*
 Date of Burial, *Aug 20*
 { Undertaker, *J. Whalpers*
 Place of Business, *262 Penna Ave* }
 Address *Co. Street & Postman*

G. H. Lewis M. D.
 Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

I L M

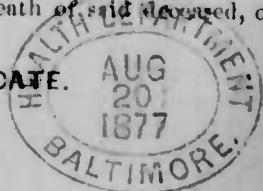
Board of Health, City of Baltimore,

No. 20784

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of *said deceased*, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *Aug 19th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Mary Roche*

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, *19* Months, Days,

Color, *White* Sex, *girl*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, *none*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *348 W Pratt St*

Duration of Residence in the City of Baltimore, *19 Months*

Place of Death, { Give street and number. } *NB Diamond Alley*

Cause of Death, { First (Primary), Second (Immediate), } *Influenza meningitis*
Convulsions

Duration of Last Sickness, *3 Months*

All the above information should be furnished by the Physician.

Place of Burial, *St Alphonsus*

Date of Burial, *Aug 20 1877* *Dr. E. Clagett M. D.*
Medical Attendant.

{ Undertaker, *Peter Hammer* Address *18 N Eutaw St*

{ Place of Business, *317 Mullery*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

20 185

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, August 19 1877
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Clara Morris
Sex, Male or Female, { Cross out the words not required in this line. } Female
Age, _____ Years, 2 Months, _____ Days
Color, white
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation, _____
Birthplace, { State or country (and how long in United States, if of foreign birth.) } Washington City
Duration of Residence in the City of Baltimore, 1 Month
Place of Death, { Give street and number. } 102 Parkin St.
Cause of Death, { First (Primary.) Cholera Infantum
Second (Immediate.) }
Duration of Last Sickness, _____
All the above information should be furnished by the Physician.
Place of Burial, St. Peters
Date of Burial, Aug 21 1877
Undertaker, J. B. Cooke
Place of Business, _____
Address, _____
M.D. _____

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

information from Wm Morris father (OVER)

Board of Health, City of Baltimore,

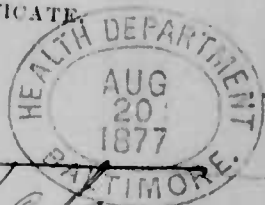
20186.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

August 19 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Annie Hetchum

Sex, ~~Male~~ Female,

Cross out the words not required in this line.

Age,

Years,

1

Months,

5

Days

Color,

white

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give street and number. }

Monmouth Washington St

Cause of Death, {

First (Primary),

Second (Immediate),

Chol Infantum

Duration of Last Sickness,

3 days

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore Cemetery

Date of Burial,

Sept 21 1877

Undertaker,

C. Rossing

Place of Business,

Laurel St

Address,

Comm of Health

+ Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by C. Rossing Undertaker

Board of Health, City of Baltimore,

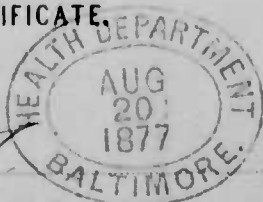
OFFICE OF REGISTRAR OF VITAL STATISTICS.

20187

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, / Year, 5 Months, 10 Days.

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial,

Date of Burial,

{ Undertaker,

{ Place of Business,

Address

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

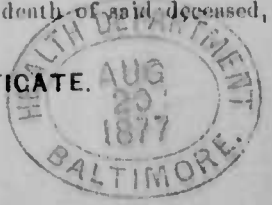
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 21188

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *August 18th 1877*
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Margaret D. Reynolds*
Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }
Age, _____ Years, _____ Months, *8* Days.
Color, *White* Sex, *female*
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation, _____
Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore*
Duration of Residence in the City of Baltimore, *life*
Place of Death, { Give street and number. } *215 Dolphin St*
Cause of Death, { First (Primary,) *Convulsions*
Second (Immediate,) *Asthma* }
Duration of Last Sickness, *2 days*
All the above information should be furnished by the Physician.
Place of Burial, *Western Cemetery*
Date of Burial, *Sept 21 1877* *John Dickson* M. D. Medical Attendant.
{ Undertaker, *C. H. Blizgack* Address *61 Madison Avenue*
Place of Business, *Parier*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

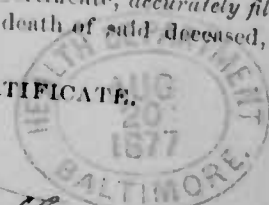
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Registrar of Vital Statistics, within twenty-four hours after the death of said deceased, or if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, About 30 Years,

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary), Second (Immediate), }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

Undertaker,

Place of Business,

August 18th 1877
Petro De La Cruz

Male

Months,

Days.

Indian

Single

Sailor

Philippine Island

2 days

on board Spanish S. Ship Anurera

Accidental fall on the ship

Nervous Shock & prostration

12 hours

St. Pauls Cemetery

Aug 20th 1877

Henry Sander

252 Canton St

M. & C.

Address Nassau & Barri Sts

R. C. Lee M. D.

Coroner & D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

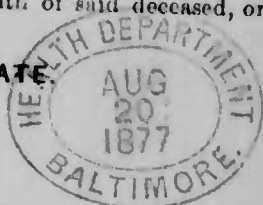
Board of Health, City of Baltimore,

No. 20190

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

August 18th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Mary Bridget Stricker

Sex, Male or Female,

Cross out the word not required in this line.

Age,

Years,

8

Months,

18

Days.

Color,

White

Sex,

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore

Duration of Residence in the City of Baltimore,

8 Months 18 days

Place of Death,

Give street and number.

747 West Lombard

Cause of Death,

First (Primary),

Second (Immediate),

Chronic Indigestion

Cholera Infantum

Duration of Last Sickness,

Six weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peter's cemetery

Date of Burial, Aug 20th 1877

Undertaker, J B Cook

Place of Business, No 707 N Baltimore

street

Geo H. Hooley M. D.
Medical Attendant.

Address

Carroll P. O.

Balti. Co.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 20191

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *Aug 19. 1877*

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. *Henry Doorniger*

Sex, Male or Female, Cross out the word not required in this line.

Age, Years, Months, *11* Days.

Color, Sex, *Male*

Married, Single, Widow or Widower, Cross out the word not required in this line.

Occupation,

Birthplace, State or country (and how long in the United States, if of foreign birth.) *Balt. Md.*

Duration of Residence in the City of Baltimore,

Place of Death, Give street and number. *9 Vincent St*

Cause of Death, First (Primary,) Second (Immediate.) *Insanition*

Duration of Last Sickness, *Three days*

All the above information should be furnished by the Physician.

Place of Burial, *Western Com*

Date of Burial, *August 20th*

Undertaker, Place of Business, *J P Paulus Friedrich Av*

James Bosley M. D. Medical Attendant.

Address *26 S Hollins St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

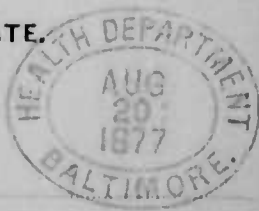
OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 27192

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

August 18th 1877.

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Walter H. Dew.

Sex, Male ☒ Female,

Cross out the word not required in this line.

Age,

2 Years,

8 Months,

7 Days.

Color,

White

Sex,

Male

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore City.

Duration of Residence in the City of Baltimore,

Lifetime

Place of Death,

Give street and number.

67 N. Gilman St.

Cause of Death,

First (Primary),

Second (Immediate),

Congestion of the Bowels.

Duration of Last Sickness,

2 days.

All the above information should be furnished by the Physician.

Place of Burial,

Mount Olivet Cemetery

Date of Burial,

Aug 20th 1877

Undertaker,

John S. Preacher

Place of Business,

137 Camden St.

J. Walter White M. D.
Medical Attendant.

67 N. Gilman St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 2793

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

Aug 17th 1877

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Christian Godfried Seidler

Sex, Male ~~or Female~~,

{ Cross out the words not required in this line. }

Age,

Sixty

Years,

Months,

Days

Color,

White

Married, Single, Widowed or Widower,

{ Cross out the words not required in this line. }

Occupation,

Barber

Birthplace,

{ State or country (and how long in United States, if of foreign birth.) }

Germany

Duration of Residence in the City of Baltimore,

27 years

Place of Death,

{ Give street and number. }

238 North Dallas Street

Cause of Death,

{ First (Primary), }

Chronic dyspepsia

{ Second (Immediate), }

Cancer of the stomach

Duration of Last Sickness,

About a week

All the above information should be furnished by the Physician.

Place of Burial,

Balto Cemetery

Date of Burial,

Aug 24th 1877

{ Undertaker,

Geo Schilling

{ Place of Business,

Cor Ae'squin & Monument

Hilton St. Taylor

M. D.

Medical Attendant.

Address, Frontway, No. Eldon St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

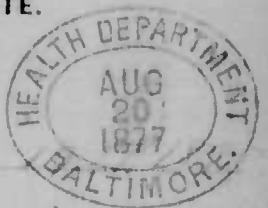
OFFICE OF REGISTRAR OF VITAL STATISTICS.

20194

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or other, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *Sunday Afternoon August*
 Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Bernard Davis*
 Sex, Male or Female, { Cross out the word not required in this line. } *Male*
 Age, *8* Years, _____ Months, _____ Days.
 Color, *White* Sex, _____
 Married, Single, Widow or Widower, { Cross out the words not required in this line. } _____
 Occupation, _____
 Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore*
 Duration of Residence in the City of Baltimore, *Life time*
 Place of Death, { Give street and number. } *# 67 N. Howard St.*
 Cause of Death, { First (Primary,) *"Scarlet Fever"*
 { Second (Immediate,) _____
 Duration of Last Sickness, *One Week*
 All the above information should be furnished by the Physician.
 Place of Burial, *St. Alphonsus*
 Date of Burial, *Augt 20 1877* *Wilmer Danton* M. D.
 { Undertaker, *Hervig Reel* Medical Attendant.
 { Place of Business, *Orleans St* Address # *20 1/2 Greenmount Ave*
Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

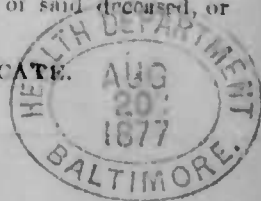
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

20195.

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, 19 August 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Francis Eberle

Sex, Male or Female, { Cross out the word not required in this line. } male

Age, 4 Years, 1 Months, 3 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. } married

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 246 Conway Street

Cause of Death, { First (Primary,) } Diphtheritis
{ Second (Immediate,) } Weakness

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 20 August

{ Undertaker, Sewall
{ Place of Business, S. E. Eberle & Co.

S. F. Pinkerton M. D.
Medical Attendant.

Address 124 W. Fayette Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

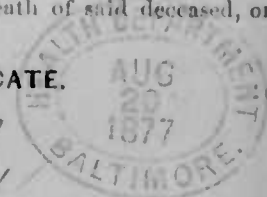
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 20196.
The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, Aug. 19th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Daniel M. S. Keweenaw

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 7 Months, 24 Days.

Color, White Sex, Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 33 N. Dallas

Cause of Death, { First (Primary,) Cholera Infantis 3 months old
Second (Immediate,) Congestion of the lungs

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St. Vincents cemetery

Date of Burial, August 20 1877

Undertaker, James O. Byrne

Place of Business, No 63 N. Front St Address 31 N. Bond St

Wm. W. Hill M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

201981

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* by the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

August 18th 1877.

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Mary Murphy

Sex, Male or Female,

Cross out the word not required in this line.

Age,

2

Years,

Months,

Days.

Color,

White

Sex,

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Ireland em 2 yrs

Duration of Residence in the City of Baltimore,

27 yrs

Place of Death,

Give street and number.

37 S. Popple St

Cause of Death,

First (Primary),

Second (Immediate),

Dysentery.

Duration of Last Sickness,

Two weeks

All the above information should be furnished by the Physician.

Place of Burial,

Holy Cross Lane

Date of Burial,

Aug 21st 1877

Undertaker,

W. A. Raiger

Place of Business,

74 B'n

W. B. Clark M. D.

Medical Attendant.

Address 235. B'ngh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

20199.

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *States a Thomas Aug 18th 1877*
 Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *States a Thomas*
 Sex, Male or Female, { Cross out the word not required in this line. }
 Age, *10* Years, *11* Months, *11* Days.
 Color, *white*
 Married, Single, Widow or Widower, { Cross out the words not required in this line. }
 Occupation, *None*
 Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Balt*
 Duration of Residence in the City of Baltimore, *all life*
 Place of Death, { Give street and number. } *Chesapeake Marine R Way*
 Cause of Death, { First (Primary,) *Accidental*
 { Second (Immediate,) *drowning*
 Duration of Last Sickness, *Sudden death*
 All the above information should be furnished by the Physician.
 Place of Burial, *Baltimore Cemetery*
 Date of Burial, *Aug. 20th 1877* *Edmund R. V. a l s* M. D.
 { Undertaker, *W. A. Daigle* Medical Attendant.
 { Place of Business, *74 S. B'ing* Address *180 S. Bond Comm*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

20200

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *Aug 19th 1877.*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Edward George Albert Asendorf*

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *7* Years, *12* Months, *12* Days.

Color, *White*

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore*

Duration of Residence in the City of Baltimore, *Lifetime*

Place of Death, { Give street and number. } *N 257 German St.*

Cause of Death, { First (Primary,) Second (Immediate,) } *Cholera Infantum.*
Spurious Hydrocephalus.

Duration of Last Sickness, *6 weeks.*

All the above information should be furnished by the Physician.

Place of Burial, *St Pauls Lutheran Cemetery*

Date of Burial, *Aug 21st 1877 at 10 o'clock*

L. C. Horn. M. D.
Medical Attendant.

{ Undertaker, *John Schultheis* }

{ Place of Business, *159 1/2 Mulberry St.* }

Address *N 226 Mulberry St.*
Geo. W. No.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

2020/

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *Aug. 19th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Louisa White*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *2* Years, Months, Days.

Color, *white*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *L. Point Balto.*

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } *Booker St. Balto.*

Cause of Death, { First (Primary,) Second (Immediate,) } *Acute Phthisis*

Duration of Last Sickness, *3 mos.*

All the above information should be furnished by the Physician.

Place of Burial, *Holy Cross Cem*

Date of Burial, *Aug 20/77*

{ Undertaker, *Hughes & Co* } *R. W. Mansfield* M. D. Medical Attendant.

{ Place of Business, *65 Broadway* } Address *117 O. Broadway*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

20202

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled
Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or
if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Aug. 19th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents }

Lawrence Dignan

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age,

/ Years,

4 Months,

Days.

Color,

white

~~Married~~ Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

Since birth

Place of Death, { Give street and number. }

Corned Federal and Secker Sts.

Cause of Death, { First (Primary), Second (Immediate), }

Cholera Infantum

Marasmus

Duration of Last Sickness,

Six weeks.

All the above information should be furnished by the Physician

Place of Burial,

St. Patrick's Church

Date of Burial,

Aug 27, 77

A. F. Erich

M. D.

Medical Attendant.

{ Undertaker,

Hughes & Co

{ Place of Business,

65 S. Broadway

Address

94 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

20203

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or under, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *Aug. 19th 1877*
 Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents } *Edward Earnest*
 Sex, *Male* or ~~Female~~, { Cross out the word not required in this line. }
 Age, *Four* Years, *—* Months, *—* Days.
 Color, *White*
 Married, Single, Widow or Widower, { Cross out the words not required in this line. } *—*
 Occupation, *—*
 Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore Md.*
 Duration of Residence in the City of Baltimore, *Since Birth*
 Place of Death, { Give street and number. } *No. 372 E. Baltimore St.*
 Cause of Death, { First (Primary,) Second (Immediate,) } *Marasmus*
 Duration of Last Sickness, *One week*

All the above information should be furnished by the Physician.

Place of Burial, *Green Mt. Cem.*
 Date of Burial, *Aug 20 /77*
 Undertaker, *Hughes & Co*
 Place of Business, *65 N. Broadway*
 Address, *No. 102 N. Broadway*
Wm H. Cleudren, M. D.
 Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 20204

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

August 18th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Richard Webster

Sex, Male or Female,

Cross out the word not required in this line.

Male

Age,

3

Years,

2

Months,

Days.

Color,

Black

Sex,

Male

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Single

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore

Duration of Residence in the City of Baltimore,

all life

Place of Death,

Give street and number.

184 Chesnut alley

Cause of Death,

First (Primary),

Diphtheria

Second (Immediate),

Convulsions

Duration of Last Sickness,

2 weeks

All the above information should be furnished by the Physician.

Date.

Place of Burial,

Aug. 20th 1877

Place

Date of Burial,

Trinity Cemetery

Undertaker,

Wm. H. Dietrich

Place of Business,

97 Cornhill Ave

Address

47 Edmondson Ave

J. L. Gibbons

M. D.

Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

No. 20205

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled, by the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *August 18 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Henry C. Bowen*

Sex, Male or Female, { Cross out the words not required in this line. } *Male*

Age, *2* Years, *11* Months, *—* Days

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in United States, if of foreign birth.) } *Baltimore*

Duration of Residence in the City of Baltimore, *Since Birth*

Place of Death, { Give street and number. } *291 - Hauser St*

Cause of Death, { First (Primary.) } *Scarlatina*
{ Second (Immediate.) } *Dysentery*

Duration of Last Sickness, *14 days*

All the above information should be furnished by the Physician.

Place of Burial, *Mount Olivet*

Date of Burial, *Aug 20 1877*

Undertaker, *John J. Jones*

Address of Business, *2123 South*

Signature, *Wm. C. B. M. D.*
Medical Attendant.

Address, *146 Hauser St*

Act from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, if it can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 20206

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Aug 19th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Wm Tolson.

Sex, Male ~~Female~~, { Cross out the words not required in this line. }

Age, 2 Years,

7 Months,

Days

Color, Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) }

Balt. City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

266 Battery Av.

Cause of Death, { First (Primary,) Second (Immediate,) }

Pertussis

Pneumonitis

Two weeks.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Aug 20th 1877

Undertaker, Armstrong & Son

Place of Business, 263 Light St

R. J. H. Tall

M. D.

Medical Attendant.

Address, 152 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 20207

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 19th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } James A Bunting

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 2 Months, Days.

Color, White Sex, Male.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, _____

Place of Death, { Give street and number. } Cor Calvert & Bath

Cause of Death, { First (Primary.) Second (Immediate.) } Inanition

Duration of Last Sickness, _____

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery Geo. B. Reynolds M. D. Medical Attendant.

Date of Burial, 20 Aug 5 o'clock P.M.

{ Undertaker, George C. Rodenmayer Address 432 Calvert
Place of Business, 38 Emerson St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

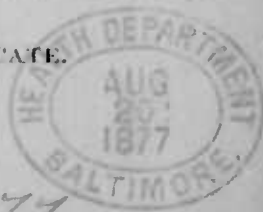
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

20208

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *August 2nd 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } *William Mathews*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, *one* Years, *Eleven* Months, Days.

Color, *Colored*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Single*

Occupation, *Nothing*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore City Maryland*

Duration of Residence in the City of Baltimore, *Continued*

Place of Death, { Give street and number. } *No 32, Stockholm St*

Cause of Death, { First (Primary,) Second (Immediate,) } *Typhoid fever*
Tuberculosis et atrophy

Duration of Last Sickness, *Four weeks*

All the above information should be furnished by the Physician

Place of Burial, *Sharp St. Cemetery*

Date of Burial, *Aug 2nd 1877*

Father *Ben Mathews* *No 146 Hill St*
Undertaker, Address

Baltimore
Place of Business, Md

J. D. Byer *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

20209.

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, August 20th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ida Matthews

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, Years, Four Months, Twenty Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Nothing

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore City, Maryland

Duration of Residence in the City of Baltimore, Continued

Place of Death, { Give street and number. } No 102 Russell St

Cause of Death, { First (Primary.) } Typhoid Fever
{ Second (Immediate.) } Tuberculosis et Atrophy

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician

Place of Burial, Sharp Street - J. D. Dyer

Date of Burial, Aug 21st 1877

{ Undertaker, Benj Matthews } Address, No 14 Hill St Baltimore MD

{ Place of Business, } Medical Attendant, M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 20210

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Sex, Male or Female,

Cross out the word not required in this line.

Age,

Years,

Months,

Days.

Color,

Sex,

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

Cause of Death,

First (Primary),

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

Undertaker,

Place of Business,

Address

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 21211

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *Aug 21st - 17*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *August Joseph Lisellgren*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, Years, *5* Months, *7* Days.

Color, *White* Sex, *Male*

Married, Single, Widowed or Widower, { Cross out the words not required in this line. } *Single*

Occupation, *''*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore*

Duration of Residence in the City of Baltimore, *''*

Place of Death, { Give street and number. } *126 Dolphin St.*

Cause of Death, { First (Primary,) Second (Immediate,) } *Marasmus*

Duration of Last Sickness, *2* month

All the above information should be furnished by the Physician.

Place of Burial, *Baltimore Cem*

Date of Burial, *Aug 21st 1877*

Undertaker, *Chas. T. Scriven* Address *5112 Hill ave*

Place of Business, *2711 E. Euter*

W. D. M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

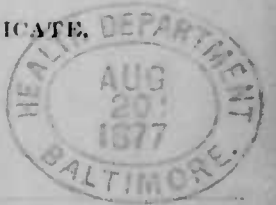
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 20214

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

August 20th 1877.

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Matilda Frodrath

Sex, ~~Male~~ or Female,

Cross out the word not required in this line.

Age,

Years,

Months,

Twenty-one Days.

Color,

White

Married, Single, ~~Widow~~ or ~~Widower~~,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore City, Md.

Duration of Residence in the City of Baltimore,

Life time.

Place of Death,

Give street and number.

216 Rice Street

Cause of Death,

First (Primary),
Second (Immediate),

Sundice,

Duration of Last Sickness,

Two weeks.

All the above information should be furnished by the Physician.

Place of Burial,

Blk. Green Cemetery

Date of Burial,

Aug. 21st 77

Undertaker,

Wm. Saylor

Place of Business,

Septon

Nicholas L. Dushier M. D.
Medical Attendant.

Address 207 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

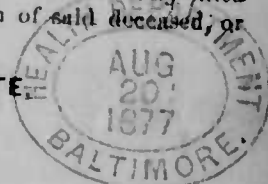
Board of Health, City of Baltimore,

No. 20213

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE



CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 8 Years,

Color, White

Sex,

Months, 6

Days, 10

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary), Second (Immediate), }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, Aug 27th

Undertaker, J. B. Blackiston

Place of Business, 606 N. E. St

Address

203 W. Lombard

J. G. Womble M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 20214

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

August 18th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Mary Dorsey

Sex, ~~Male~~ or Female,

Cross out the word not required in this line.

Age,

27

Years,

5

Months,

15

Days.

Color,

White

Sex,

Female

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Married Woman wife of John Dorsey

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore Md.

Duration of Residence in the City of Baltimore,

27 years 5 mo. & 10 days

Place of Death,

Give street and number.

No. 421 Gay Street (North,

Cause of Death,

First (Primary,

Intermittent pulmonary

Second (Immediate,

tuberculosis of the Bronchi

Duration of Last Sickness,

from one to two years

All the above information should be furnished by the Physician.

Place of Burial,

St Peter's Cemetery

Date of Burial,

August 20 1877

Undertaker,

James P. Bayne

Place of Business,

No 62 N. Front St

Address

308 N. E. 52nd St

Wm. H. Morris

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 21215

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 19 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } George Washington Wells

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 5 Years, 5 Months, 19 Days.

Color, White

Sex, Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Baltimore City

Duration of Residence in the City of Baltimore,

Always

Place of Death, { Give street and number. }

117 North Pine

Cause of Death, {

First (Primary,)

Ap. Throat

Second (Immediate,)

Enteritis

Duration of Last Sickness,

About 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Aug 20th 1877

W. R. H. Thomas M. D.
Medical Attendant.

{ Undertaker,

Joseph J. Byrne

Address

{ Place of Business,

59 n

Liberty

71 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

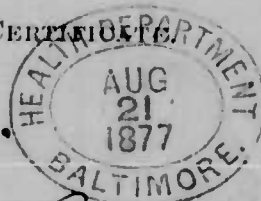
No. 20216

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled*
the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or
if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

August 20th

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Charles Henry Mitchell

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

5

Years,

6

Months,

Days.

Color,

Cal

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Balt City Ind

Duration of Residence in the City of Baltimore,

Native

Place of Death,

{ Give street and number. }

189 Percy St

Cause of Death,

{ First (Primary),
Second (Immediate). }

Diphtheria
Convulsion

Duration of Last Sickness,

Two weeks

All the above information should be furnished by the Physician.

Place of Burial,

New Sharp St. Cemetery

Date of Burial,

August 21st 1877

Undertaker,

Stewart & Spowen

Place of Business,

85 Park Ave. N.Y.C.

Address

192 Park St

W. W. Anshin

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

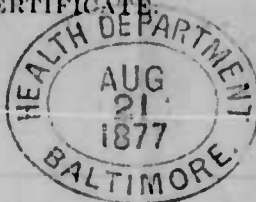
OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 20217

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *August 21st 1877*
 Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Charles Marie*
 Sex, *Male* ~~Female~~ { Cross out the word not required in this line. }
 Age, *2* Years, *11* Months, Days.
 Color, *White*
 Married, *Single*, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }
 Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore*

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } *89 Thacker St.*

Cause of Death, { First (Primary,) Second (Immediate,) } *Tussis convulsiva, Pneumonia, Oedema pulmonum*
Eclampsia

Duration of Last Sickness, *14 days*

All the above information should be furnished by the Physician.

Place of Burial, *Mount Carmel Cemetery*

Date of Burial, *22 August 1877*

Undertaker, *John R. Gorch*

Place of Business, *265 Thacker St.*

Address *245 S. Baltimore*

J. H. H. M.D.
 Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

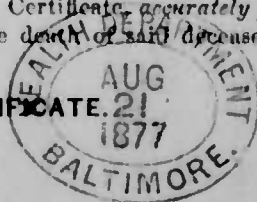
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

It No. 20.218

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, 20th Day of August 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Henry Brown

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Years, 6 Months, 14 Days.

Color, White Sex, Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 44 Schroeder St.

Cause of Death, { First (Primary,) Second (Immediate,) } Cholera Infantum

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery, J. P. Hoffman M. D.

Date of Burial, August 22nd 1877 Medical Attendant.

{ Undertaker, J. B. Cook Address

{ Place of Business, 707 W. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

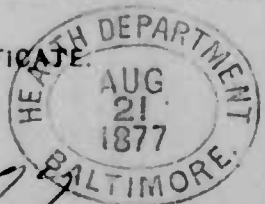
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 20219,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

August 21st 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Augustus Matthews

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Years, Eleven (11) Months, Ten (10) Days.

Color, Black Sex, Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } City of Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number. } 32 Stockholm St

Cause of Death, { First (Primary,) Cholera Infantum
Second (Immediate,) }

Duration of Last Sickness, Two (2) Weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery No. D. Blake M. D.

Date of Burial, Aug 21, 1877 Medical Attendant

{ Undertaker, C. Matthews Address 140 Scott St.

{ Place of Business, 32 Stockholm St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 20220

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

August 20th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Augustina Smith

Sex, Male or Female, { Cross out the word not required in this line. }

Age, / Years, 8 Months, 10 Days.

Color, White Sex, Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

1 Year 8 mo. 10 days

Place of Death, { Give street and number. }

8 Payson Str.

Cause of Death, { First (Primary,) Second (Immediate,) }

Diphtheria. Laryngitis

Duration of Last Sickness,

Six days

All the above information should be furnished by the Physician.

Place of Burial, West Lane Bur.

Date of Burial, August 21st 1877

Geo. G. Hoadley M. D.
Medical Attendant.

{ Undertaker, J. P. Phulus.

{ Place of Business, Frederick St.

Address Carroll Bldg. Co.
Inda

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 24221,

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *Aug 20 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Catharine Seunhoun*

Sex, Male or Female, { Cross out the word not required in this line. } *Female*

Age, *7* Years, *9* Months, *9* Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Single*

Occupation, *city*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *city*

Duration of Residence in the City of Baltimore, *city*

Place of Death, { Give street and number. } *115 M'Elerry St*

Cause of Death, { First (Primary,) *Whooping Cough.* Second (Immediate,) *asphyxia* }

Duration of Last Sickness, *6 weeks*

All the above information should be furnished by the Physician.

Place of Burial, *St Paulus Cemetery*

Date of Burial, *Aug 21/77*

{ Undertaker, *Channing* Address _____

{ Place of Business, *136 E Fayette St*

Abner B Arnold M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 20222,

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Aug 20th

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Chas Sinclair

Sex, Male or Female,

{ Cross out the words not required in this line. }

Age,

35

Years,

Months,

Days

Color,

Black

Married, Single, Widowed, Widower,

{ Cross out the words not required in this line. }

Occupation,

Laborer

Birthplace,

{ State or country (and how long in United States, if of foreign birth.) }

Cuba

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give street and number. }

Balt. Infirmary

Cause of Death,

{ First (Primary,) Second (Immediate,) }

Phthisis

asthenia

Duration of Last Sickness,

4 weeks

All the above information should be furnished by the Physician.

Place of Burial,

W Public Cemetery

Date of Burial,

August 20th

{ Undertaker,

H H & Perry

{ Place of Business,

448 N State St

Address,

Univ Hospital

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

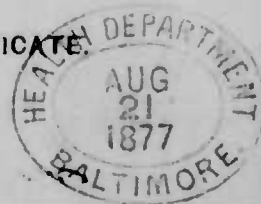
OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 21223

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Aug. 18th, 1877.

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Cassandra Johnson

Sex, ~~Male~~ or Female,

Cross out the word not required in this line.

Age,

52

Years,

4

Months,

Days.

Color,

white

Sex,

female

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

housewife

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Balt. Co., Md.,

Duration of Residence in the City of Baltimore,

3 years

Place of Death,

Give street and number.

288 N. Bond st

Cause of Death,

First (Primary),

Second (Immediate),

Consumption & valvular disease of heart

Duration of Last Sickness,

several months

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore Cemetery.

Date of Burial,

August 26th, 1877.

M. B. Billingelea

M. D.

Medical Attendant.

Undertaker,

Wm. A. Dickinson

Address

Cor. Harbor Ave & Biddle St

Place of Business,

234 N. Gay St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

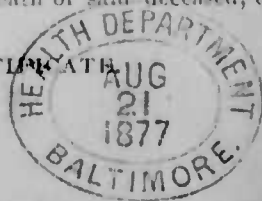
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 20224

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

August 21st 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Loyd Jubb

Sex, Male or Female,

Cross out the word not required in this line.

Male

Age,

60

Years,

2

Months,

20

Days.

Color,

White

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Married

Occupation,

Huckster

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Annapolis Md.

Duration of Residence in the City of Baltimore,

50 years

Place of Death,

Give street and number.

488 Canton Ave.

Cause of Death,

First (Primary.)

Second (Immediate.)

Hemiplegia (Paralysis)

Duration of Last Sickness,

2 days

All the above information should be furnished by the Physician.

Place of Burial,

New Methodist Cemetery

Date of Burial,

Aug 21st 3 o'clock

Undertaker,

Mr Frey

Place of Business,

488 Canton Ave

Address

68 S Broadway

James H. McShane

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 21225

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *August 20th 1877.*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *James Ward*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, *37* Years, *—* Months, *5* Days.

Color, *White* Sex, *Male*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Married*

Occupation, *Engineer*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Orange County New York*

Duration of Residence in the City of Baltimore, *12 years*

Place of Death, { Give street and number. } *92 N Bond*

Cause of Death, { First (Primary,) *Malarial Poisoning.*
Second (Immediate,) }

Duration of Last Sickness, *About two months*

All the above information should be furnished by the Physician.

Place of Burial, *Greenmount Cem*

Date of Burial, *Aug. 22nd 1877*

Undertaker, *Wm A Haig* Address *2 N. Broadway*

Place of Business, *74 Bond*

D. Webster Catlett M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 20226,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, ~~Male~~ or Female, { Cross out the words not required in this line. }

Age, 70 Years,

9 Months,

Days

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

{ Undertaker,

{ Place of Business,

Address,

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

At No. 20227

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, August 20 of 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mrs. Mary Elizabeth Harvey

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 32 Years, Months, Days.

Color, White Sex,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } In the city of Baltimore.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } Lexington St. N. 624.

Cause of Death, { First (Primary,) Phthisis pulmonalis. }
{ Second (Immediate.) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery Dr. Joseph Lopez. M. D.

Date of Burial, Aug 22^d 1877 Medical Attendant.

{ Undertaker, Henry H. Mears }
{ Place of Business, 45 N Gay St. } Address N. Carey St. N. 414.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 21228,

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

August 20 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents }

Katie A Keene

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 6 Years,

Months,

Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Bath

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

74 George
D. Thieria

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

10 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olive Cemetery

Date of Burial, Aug 22 1877

{ Undertaker, Henry W. Mearns

{ Place of Business, 46 N. Gay St

Address

L W Knight M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. **20229**

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

CERTIFICATE OF DEATH.



Date of Death,

August 19th

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents }

Charles Henry Brown

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

Years,

Life Months,

Days.

Color,

Black

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give street and number }

*Welcome Alley
Cholera Infantum*

Cause of Death,

{ First (Primary.) }

{ Second (Immediate.) }

Duration of Last Sickness,

Three weeks

All the above information should be furnished by the Physician

Place of Burial,

Laurel Cemetery

Date of Burial,

21st August 77

Undertaker,

Isaac Davis

Place of Business,

103 East St

Address

*Julius Hall M. D.
Southward Dispensary
445 Conway St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

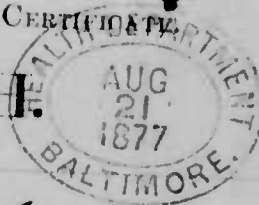
20230

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled, the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

August 19 1877

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Thomas Anderson

Sex, Male or Female,

Cross out the words not required in this line.

Age,

6.8

Years,

Months,

Days

Color,

Black

Married, Single, Widowed, or Widower,

Cross out the words not required in this line.

Occupation,

Superintendent of Clay

Birthplace,

State or country (and how long in United States, if of foreign birth.)

Indiana

Duration of Residence in the City of Baltimore,

16 years

Place of Death,

Give street and number.

East Church St & Fayette St

Cause of Death,

First (Primary),

Phthisis

Second (Immediate),

Dropsy

Duration of Last Sickness,

2 years

All the above information should be furnished by the Physician.

Place of Burial,

Abury & Evergreen Cemetery

Date of Burial,

August 21

Undertaker,

William H. Dunlap

Place of Business,

Address,

146 Howard St

Wesley C. B. M.D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 20231

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Aug. 19 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

George T. T. T.

Sex, Male or Female, { Cross out the words not required in this line. }

Male

Age, 22 Years,

Color, White Months, Days

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Single

Occupation,

Laborman

Birthplace, { State or country (and how long in United States, if of foreign birth.) }

Baltimore City

Duration of Residence in the City of Baltimore,

Lifetime

Place of Death, { Give street and number. }

250 S. Durham St.

Cause of Death, { First (Primary,) Second (Immediate,) }

Consumption of lungs

Duration of Last Sickness,

46 Days

All the above information should be furnished by the Physician.

Place of Burial, 5th Green Spring St. Paul Cem'ty

Date of Burial, August 21st 1877

Undertaker, J. H. F. F.

Place of Business, 246 Eastern Ave.

C. Edward M.D. Medical Attendant.

Address, 1 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 24232

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or later, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Aug. 20th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

August Henry Michael

Sex, Male or Female,

{ Cross out the word not required in this line. }

male

Age,

Years,

9 Months,

Days.

Color,

white

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Balto.

City

Duration of Residence in the City of Baltimore,

since born

Place of Death,

{ Give street and number. }

116. S. Duncan Alley

Cause of Death,

{ First (Primary), }

{ Second (Immediate), }

meningitis

Duration of Last Sickness,

~~10~~

19 days

All the above information should be furnished by the Physician.

Place of Burial,

St. Carmel Cemetery

Date of Burial,

August 21st 1877

Undertaker,

H. F. Ficklin

Place of Business,

246 Eastern St.

Address

27. N. Broadway

J. G. Drusch M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

No. 20233,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, Aug 20th 1877

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. Carrie Steigenald

Sex, ~~Male~~ or Female, Cross out the word not required in this line.

Age, Years, 4 6 Months, 11 Days.

Color, White

Married, Single, Widow or Widower, Cross out the words not required in this line.

Occupation,

Birthplace, State or country (and how long in the United States, if of foreign birth.)

Carroll Baltimore City

Duration of Residence in the City of Baltimore,

Born in Carroll

Place of Death, Give street and number.

Boston & Elliott St.

Cause of Death, First (Primary.)

Whooping Cough

Second (Immediate.)

Pneumonia

Duration of Last Sickness,

10 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel.

Date of Burial, August 21st 1877.

E. W. Jarney

M. D.

Medical Attendant.

Undertaker, H. H. Hoffman.

Place of Business, 63. N. Eden St. Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this certificate.

Board of Health, City of Baltimore.

No. 20234,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 20th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Alfred, A. Betts

Sex, Male or Female, { Cross out the words not required in this line. }

Age, 35 Years,

Color, White Months, Days

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Printer

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Baltimore

Duration of Residence in the City of Baltimore, 35 years

Place of Death, { Give street and number. } 88 Jefferson St

Cause of Death, { First (Primary,) Chronic Dysentery
Second (Immediate,) }

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Green Mt

Date of Burial, August 23rd 1877

Undertaker, Hughes & Co

Place of Business, 65 S Broadway

Address, Broadway & Madison St

Mr. C. Russell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 212357

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by the Undertaker or other person superintending the burial, within twenty-four hours after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Aug. 20th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Emma Cecelia Hain

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age,

23

Years,

6

Months,

Days.

Color,

White

~~Married, Single, Widow or Widower,~~ { Cross out the words not required in this line. }

~~Occupation,~~

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore City

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give street and number. }

221 Pierce St

Cause of Death, { First (Primary,) Second (Immediate,) }

Epilepsy
Exhaustion
3 weeks.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western C.

Date of Burial, Aug 22.

Samuel J. Knight M. D.
Medical Attendant.

Undertaker, J. B. Blackistonson

Place of Business, 606 Baltimore St

Address 112 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

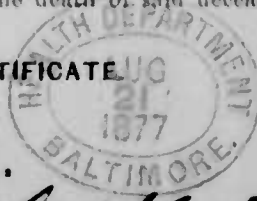
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 20236,

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *Aug. 19th 1/2 Past 11 o'clock P.m.*

Full Name of Deceased, *Samuel W. Agaha*

Sex, *Male* ~~Female~~ *male*

Age, *59* Years, *4* Months, *14* Days.

Color, *White* Sex, *Male*

Married, *Single* ~~Widow~~ ~~or~~ ~~Widower~~ *Married*

Occupation, *Shoemaker*

Birthplace, *Virginia*

Duration of Residence in the City of Baltimore, *20 years*

Place of Death, *83 Dock St. Baltimore Md*

Cause of Death, *Liver (suppurated by liquor)*
dropsy

Duration of Last Sickness, *4 years*

All the above information should be furnished by the Physician.

Place of Burial, *St Peter's Cemetery* *C. Richardson* M. D.

Date of Burial, *August 20th 1877* Medical Attendant.

Undertaker, *Jacob Weaver* Address *302 W. Lombard St*
Place of Business, *405 1/2 E. David Hill*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

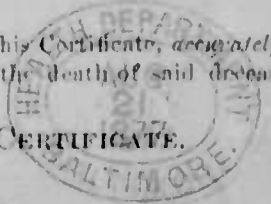
Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. **211237**

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled*
The Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or
if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, **20 Aug. 77**

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } **Anna Johnson**

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, **about 80** Years, — Months, — Days.

Color, **Red**

Married, ~~Single~~, Widow or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, —

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } **MD Baltimore**

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number. } **35 Foster Alley**

Cause of Death, { First (Primary,) **Cancer & old age**
Second (Immediate,) }

Duration of Last Sickness, **5 yrs**

All the above information should be furnished by the Physician.

Place of Burial, **Laurel Cemetery**

Date of Burial, **August 21. 1877**

{ Undertaker, **John C. Jordan**
Place of Business, **No 63 Park St**

I know this woman, but
have not attended her for
over 16 months —
Chas. J. Dancy M. D.
Medical Attendant.

Address **129 W. Biddle**

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

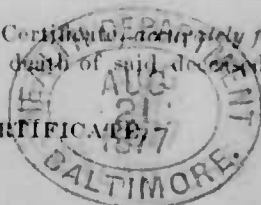
Board of Health, City of Baltimore,

No. 21238,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled*
the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or
if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *21st August 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Mary Schlenker*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *20* Years, Months, Days.

Color, *White*

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Prussia*

Duration of Residence in the City of Baltimore, *Life-long*

Place of Death, { Give street and number. } *139 Bank Street*

Cause of Death, { First (Primary.) Second (Immediate.) } *Phtisic pulmonary*
Marasmus

Duration of Last Sickness, *1/2 year*

All the above information should be furnished by the Physician.

Place of Burial, *Canton Cemetery*

Date of Burial, *20 Aug 1877*

Undertaker, *Est. Schlenker*

Place of Business, *214 East Evans*

P. Mathias M.D.
Medical Attendant.
Address *245 S. Baltimore*

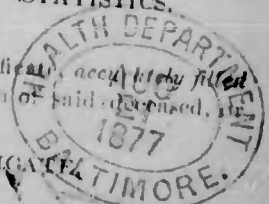
Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.



No. 211239
Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accepted by the Health Department, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 20th 1877
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Frederick Smith
Sex, Male or Female, { Cross out the word not required in this line. }
Age, 7 Years,
Color, White Months, Days,
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation,
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore
Duration of Residence in the City of Baltimore,
Place of Death, { Give street and number. } 5 Sepier St
Cause of Death, { First (Primary.) Diphtheria
Second (Immediate,)
Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician

Place of Burial, Western Cemetery
Date of Burial, August 22nd 1877
Undertaker, Andrew G. G. L. W. Knight M. D. Medical Attendant.
Place of Business, 11 S. Second Hill Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

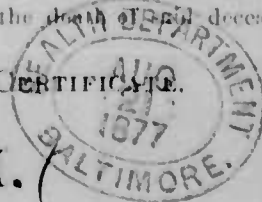
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

21240

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by the Undertaker or other person superintending the burial, within twenty-four hours after the death of the deceased, or if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, August 20 13.0 P.M. 1877
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elizabeth Vogt
Sex, Male or Female, { Cross out the word not required in this line. } Female
Age, 23 Years, Months, Days.
Color, White
Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married
Occupation,
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Balto. City
Duration of Residence in the City of Baltimore, Since Birth
Place of Death, { Give street and number. } 144 S. Central Avenue
Cause of Death, { First (Primary,) Typhoid Fever
Second (Immediate,)
Duration of Last Sickness, 5 Weeks
All the above information should be furnished by the Physician.
Place of Burial, Emmetts Cemetery
Date of Burial, August 22
Undertaker, F. Gaede
Place of Business, 29 S. Caroline St
Address, 278 E. Baltimore
James E. Drinnelle M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 20241

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

August 21. 1877

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Katie J. Biggs

Sex, ~~Male~~ or Female,

{ Cross out the words not required in this line. }

Age,

1

Years,

9

Months,

16.

Days

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

Since Birth

Place of Death,

{ Give street and number. }

47 Handall St

Cause of Death,

{ First (Primary.) }

Diphtheria

{ Second (Immediate.) }

Chorea Infantum

Duration of Last Sickness,

4 weeks

All the above information should be furnished by the Physician.

Place of Burial,

Greenmount

Date of Burial,

August 22nd

{ Undertaker,

Joseph B. Cook

{ Place of Business,

707 W Baltimore St

Theodore Cook M.D.
Medical Attendant.

Address, 146 Handall St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

No. 20242

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *Aug 22 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Samuel Neumann*

Sex, Male or Female, { Cross out the word not required in this line. } *M*

Age, *60* Years, Months, Days.

Color, *W*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Married*

Occupation, *—*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Bavaria*

Duration of Residence in the City of Baltimore, *20 years*

Place of Death, { Give street and number. } *265 E Monument St*

Cause of Death, { First (Primary), Second (Immediate), } *Carbuncles*
Exhaustion

Duration of Last Sickness, *Four Weeks*

All the above information should be furnished by the Physician.
Balt. Health Officer

Place of Burial, *Belair Road*

Date of Burial, *Aug 23^d 10 am*

Undertaker, *Henry Schultze*

Place of Business, *261 E Monument St*

Address *189 W Howard St*

Richd. M. Sherry M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 20243,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Aug 21st 1877

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Anna Strohl

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

9 Years,

10 ~~Years~~

Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Single

Occupation,

Play

Birthplace, { State or country (and how long in the United States.) if of foreign birth }

Balt.

Duration of Residence in the City of Baltimore,

Since Birth

Place of Death, { Give street and number }

No 26 Hammond St

Cause of Death, { First (Primary), Second (Immediate), }

Cramp Colic

Duration of Last Sickness,

About an hour

All the above information should be furnished by the Physician

Place of Burial,

Fells Point cemetery.

Date of Burial,

Today 5 O'clock.

J. Ridgway, M. D.,
Medical Attendant.

{ Undertaker,

Carroll Muller

{ Place of Business,

No 2 Hammond St.

Address No 121 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

[OVER.]

Board of Health, City of Baltimore,

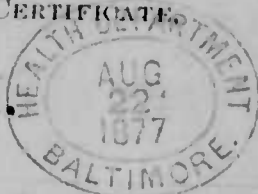
No. 20244

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or later, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Aug 20th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Sarah Elizabeth Adams

Sex, Male or Female,

Cross out the word not required in this line.

Age,

Years,

10

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

City

Duration of Residence in the City of Baltimore,

10 Months

Place of Death,

Give street and number.

17 St Peter St

Cause of Death,

First (Primary),
Second (Immediate),

Colera Infantum
and measles

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Met Oliver

Date of Burial,

August 22nd

Undertaker,

Wm J. Tiekner

Place of Business,

65 S. Euston

Address

W. L. Lummert St

Samuel E. Lummert M.D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 20245

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, Aug 21 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Emerson, Remond

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 3 Years, Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } Myrtle St. and Fremont St.

Cause of Death, { First (Primary), Catarrh of the Stomach and Intestines }
{ Second (Immediate), } 10 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, August 22 1877

{ Undertaker, J. J. Chalms }
{ Place of Business, 262 Penn. ave } Address

Medical Attendant, M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

No. 20246,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

August 20th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Wilmer A. Berry Jr

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age, / Years,

4 Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Balto City

Duration of Residence in the City of Baltimore,

Since birth

Place of Death, { Give street and number. }

117 Battery Av.

Cause of Death, { First (Primary,) Second (Immediate,) }

Diarrhea

Duration of Last Sickness,

6 months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olive

Date of Burial, August 22nd

R. C. Lee M. D.

{ Undertaker, J. H. Harle

{ Place of Business, 411 Light Street

Address Hannon Barris

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

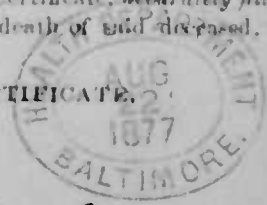
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 20247

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

August 21st, 1877

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

John Ernest Smith

Sex, Male or Female,

Cross out the word not required in this line.

Male

Age,

Years,

5

Months,

7

Days.

Color,

White

Married, Single, Widow or Widower,

Cross out the words not required in this line.

—

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore, Md.

Duration of Residence in the City of Baltimore,

Since Birth

Place of Death,

Give street and number.

No. 418 Orleans St

Cause of Death,

First (Primary),

Second (Immediate),

Whooping Cough
Convulsions

Duration of Last Sickness,

One week

All the above information should be furnished by the Physician.

Place of Burial,

Trinity Church Burial

Date of Burial,

Aug 23rd 1877

Undertaker,

Fry & Co

Place of Business,

34 N Broadway

Address

No. 102 N. Broadway

Wm. H. Clendinen, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20248,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 22nd 1877

Full Name of Deceased, { Write legibly and spell correctly. If on infant not named, give names of parents. } Catharina Keen

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 38 Years, 0 Months, Days.

Color, white Sex,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, 0

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 25th Years

Place of Death, { Give street and number. } 116 Mulberry St

Cause of Death, { First (Primary,) Second (Immediate,) } Consumption

Duration of Last Sickness, 2nd Months

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Home John J. Eitzer M. D.

Date of Burial, Aug 23rd 1877 Medical Attendant.

{ Undertaker, A Köhler Address

{ Place of Business, 244 E. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 211249

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *August 21st 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Mary Vahle*

Sex, *Male* or Female, { Cross out the word not required in this line. }

Age, *23* Years, Months, Days.

Color, *white* Sex, *female*

Married, *Single*, Widow or Widower, { Cross out the words not required in this line. }

Occupation, *Housekeeper*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore Md*

Duration of Residence in the City of Baltimore, *Lifetime*

Place of Death, { Give street and number. } *N. 216 Henriette St*

Cause of Death, { First (Primary), Second (Immediate), } *Pulmonary Phthisis.*
General debility

Duration of Last Sickness, *one year*

All the above information should be furnished by the Physician.

Place of Burial, *Western Cemetery*

Date of Burial, *August 23rd*

Henry Salzer M. D.
Medical Attendant.

{ Undertaker, *T. N. Groll*, Address *165 W Lombard St*

{ Place of Business, *131 Hanover St.*



Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

mit No. 211250

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *August 21st*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Annie Vahle

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *1* — Years,

2 —

Months,

Days.

Color,

white

Sex,

female

~~Married~~, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Baltimore Md

Duration of Residence in the City of Baltimore,

Lifetime

Place of Death, { Give street and number. }

216 Henrietta St.

Cause of Death, { First (Primary,) Second (Immediate,) }

*Pulmonary Phthisis.
General miliar Tuberculosis.*

Duration of Last Sickness,

3 months

All the above information should be furnished by the Physician.

Place of Burial,

Western Cemetery

Date of Burial,

August 23rd

{ Undertaker, *L. V. Trolle*,

{ Place of Business, *131 Hanover St*

Address

163 W. Lombard

Henry Salzer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20257

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 21, 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John F. Long

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 51 Years, Months, Days.

Color, White Sex,

Married, Single, Widowed, { Cross out the words not required in this line. }

Occupation, Shoemaker

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Cottisburg Pa

Duration of Residence in the City of Baltimore, about 27 years

Place of Death, { Give street and number. } 204 Saratoga St.

Cause of Death, { First (Primary,) Rheumatism
Second (Immediate,) Pericarditis, (Heart Disease)

Duration of Last Sickness, about a week

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery H. P. Morgan M. D.

Date of Burial, 23^d August 1877 Medical Attendant.

{ Undertaker, Wm. J. Leatham, Jr. Address 175 Saratoga St.
{ Place of Business, 16 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20252,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Thursday Aug 21st 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Joseph Aloisius Pinnerman

Sex, Male or Female, { Cross out the word not required in this line. }

Male.

Age,

Years,

Months,

Days.

Color,

White

Sex,

Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Balto

Duration of Residence in the City of Baltimore,

all his life

Place of Death, { Give street and number. }

153. Harford Ave

Cause of Death, { First (Primary,) Second (Immediate,) }

Cholera infantum & Pertussis
Exhaustive

Duration of Last Sickness,

Three (3) weeks.

All the above information should be furnished by the Physician.

Place of Burial,

St. John's Church, St. John's D.

Date of Burial,

Aug 22 1877

Medical Attendant.

{ Undertaker,

J. S. Shaggs

{ Place of Business,

309 Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20283

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately and correctly, within twenty-four hours after the death of said deceased, or sooner if required, so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, August 22nd 1877,
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Joseph Mandaj
Sex, Male or Female, { Cross out the word not required in this line. }
Age, 3 Years, 10 Months, Days.
Color, White
Married, Single, Widow or Widower, { Cross out the word not required in this line. }
Occupation,
Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto city
Duration of Residence in the City of Baltimore, Since Birth
Place of Death, { Give street and number. } No 4 Watson st
Cause of Death, { First (Primary,) Pneumonia
Second (Immediate,)
Duration of Last Sickness, 3 weeks
All the above information should be furnished by the Physician.
Place of Burial, Balto Cemetery
Date of Burial, Aug 23 1877
Undertaker, N. Mackman
Place of Business, 26 Bank St
Address, No 121 E Baltimore St
M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

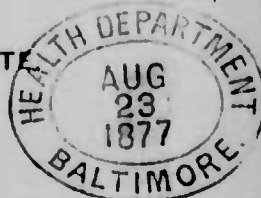
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20257

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE



CERTIFICATE OF DEATH.

Date of Death, *Aug. 22. 1877 6 o'clock P.m.*
 Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. *Joseph D. Scherer*
 Sex, Male ~~or Female~~, Cross out the word not required in this line. *Male*
 Age, *9* Years, *1* Months, *1* Days.
 Color, *White*
 Married, Single, Widow or Widower, Cross out the words not required in this line. *Single*
 Occupation, *Child*
 Birthplace, State or country (and how long in the United States, if of foreign birth.) *Baltimore Md.*
 Duration of Residence in the City of Baltimore, *all life*
 Place of Death, Give street and number. *28 Woodysat St. Baltimore*
 Cause of Death, First (Primary,) Second (Immediate,) *Whooping Cough*
 Duration of Last Sickness, *12 weeks*
All the above information should be furnished by the Physician.
 Place of Burial, *Balti Cemetery*
 Date of Burial, *August 23*
 Undertaker, *Chas. J. Walters* Address *302 W. Lombard*
 Place of Business, *262 Penna. ave*
 Medical Attendant, *C. C. Richardson* M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20255

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Aug 22nd 77

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

John B. K. K. K.

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

47

Years,

Months,

Days.

Color,

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Insurance Agent

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Balt

Duration of Residence in the City of Baltimore,

all life

Place of Death,

{ Give street and number. }

336 Penna Ave

Cause of Death,

{ First (Primary), }

Phthisis Pulmonalis

{ Second (Immediate), }

Intercurrent Pneumonia

Duration of Last Sickness,

2 years

All the above information should be furnished by the Physician.

Place of Burial,

Green Mount

Date of Burial,

Aug 24 1877

Edmund P. K. K.

M. D.

Medical Attendant.

Undertaker,

Chenault & Co

Address

180 Linden Ave

Place of Business,

371 Pa Ave

city

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *21256*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

22d August, 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Emma L. Michael

Sex, ~~Male~~ or Female, { Cross out the words not required in this line. }

Age, _____ Years,

6 Months,

2 Days

Color,

White

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) }

City

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give street and number. }

207 Hollins

Cause of Death, { First (Primary),
Second (Immediate), }

Cholera Infantum

Duration of Last Sickness,

10 days

All the above information should be furnished by the Physician.

Place of Burial, *Western Cemetery*

Date of Burial, *Aug 23d 1877*

John Hood M. D.
Medical Attendant.

{ Undertaker, *Hughes & Co*
Place of Business, *330 Fayette St* }

Address, *274 Hollins St.*

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

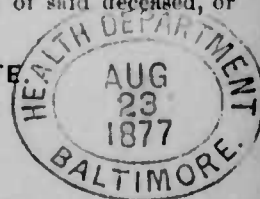
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20257.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE



CERTIFICATE OF DEATH.

Date of Death,

August 21st 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Susan Hall

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Female

Age, 3 Years, 3 Months, 20 Days.

Color, Black

Sex, Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Single

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

Lifetime

Place of Death, { Give street and number. }

#196 Babcock St

Cause of Death, { First (Primary,) Second (Immediate,) }

Whooping Cough
Hemorrhage from Lungs

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

J. Shotton Hill

M. D.

Date of Burial, August 22

Medical Attendant.

{ Undertaker, William H. Dwyer

Address 432 W. Fayette St.

{ Place of Business, 1000 North Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20258

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

August 28th / 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Annie L. Queen

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Age,

4

Years,

8

Months,

Days.

Color,

Colored.

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

Life-time

Place of Death,

{ Give street and number. }

46 Chestnut St.

Cause of Death,

{ First (Primary.)
Second (Immediate.) }

Scarlet. Fev. (Malig.)
3 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Lincol Cemetery

Date of Burial,

August 23

{ Undertaker,

William A. Dwyer

{ Place of Business,

62 East St

Edward R. McDowell

M. D.

Medical Attendant.

Address

137 N. Egle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

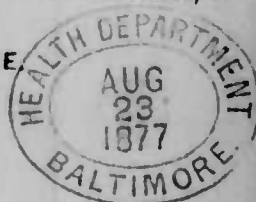
Board of Health, City of Baltimore,

Permit No. 20259

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, August 21st 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Jeddy Carpenter

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Fifty Years, Months, Days.

Color, Black. Sex,

Married, Single, Widowed, { Cross out the words not required in this line. }

Occupation, Laborer

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Eastern Shore of Va

Duration of Residence in the City of Baltimore, Eight years (3)

Place of Death, { Give street and number. } 158 Preston St

Cause of Death, { First (Primary,) Phthisis Pulmonalis. Second (Immediate,) Apnoea

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 24

{ Undertaker, William of Dwyne

{ Place of Business, 10 Stockton Alley

B. W. Barton M. D. Medical Attendant.

Address 117 W. Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

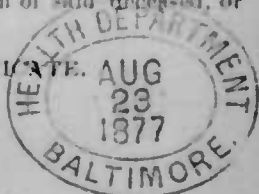
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *20260*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

Years,

Color,

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give street and number. }

Cause of Death,

{ First (Primary.) }

{ Second (Immediate.) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

{ Undertaker,

{ Place of Business,

Address

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

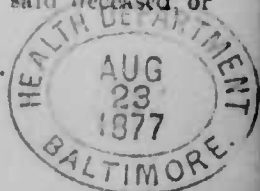
Board of Health, City of Baltimore,

Permit No. 20261

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

Aug 21 1877

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Annie & John Sample

Sex, Male ~~Female~~

{ Cross out the words not required in this line. }

Age,

Years,

1

Months,

26

Days

Color,

Blk

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in United States, if of foreign birth.) }

Balto City

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give street and number. }

40 Hill St

Cause of Death,

{ First (Primary.) }

{ Second (Immediate.) }

Dysentery

Duration of Last Sickness,

4 weeks

All the above information should be furnished by the Physician.

Place of Burial,

Sharp St Cemetery

Date of Burial,

Aug 23 1877

James A. Stenoh M.D.

{ Undertaker,

J. Davis

{ Place of Business,

Hill St

Address,

Commis of Health
Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Elizabeth Scarborough (OVER)
Middletown

Board of Health, City of Baltimore,

Permit No. 20264

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, Aug 22nd 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary E. Davis

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 27 Years, _____ Months, _____ Days.

Color, white

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Housewife

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Balt Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number. } 28 E Lombard St.

Cause of Death, { First (Primary.) Second (Immediate.) } This is Pulmonary

Exhaustion

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, August 23rd 1877

Undertaker, J. D. Cook

Place of Business, West Baltimore St

C. Claville, Rush M. D.
Medical Attendant.

Address Balt. West. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 20263,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

August 22nd 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents }

Louisa Atwell

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Female

Age, Three Years, — 7 — Months, 20 — Days.

Color, White

~~Married~~, Single, ~~Widow~~, ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore City

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give street and number. }

No 169 Chapel st

Cause of Death, { First (Primary), Second (Immediate). }

Pseudo Membranous Croup

Duration of Last Sickness,

Three days

All the above information should be furnished by the Physician.

Place of Burial, M. E. Chis R. End

Date of Burial,

August 23rd 1877

Thomas J. Evans M. D. Medical Attendant.

{ Undertaker, M. A. Raiger

{ Place of Business, 74 S. B'ing

Address No 22 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. **20264**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Aug. 21st 1877

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Martin J. J. J.

Sex, Male or Female,

{ Cross out the word not required in this line. }

male

Age,

Years,

11 Months,

Days.

Color,

white

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Balto. City

Duration of Residence in the City of Baltimore,

since born

Place of Death,

{ Give street and number. }

52 Cochrane St.

Cause of Death,

{ First (Primary,) Second (Immediate,) }

meningitis

Duration of Last Sickness,

4 days

All the above information should be furnished by the Physician.

Place of Burial,

Holy Cross Cem

Date of Burial,

August 23rd 1877

Undertaker,

M. A. Baigert

Place of Business,

74 V. B'ing

Address

274 S. Broadway

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

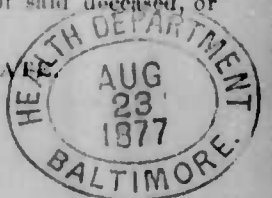
Board of Health, City of Baltimore,

Permit No. **20265**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *August 22nd 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Samuel Taylor*

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *45* Years, Months, Days.

Color, *Colored*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, *Laborer*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Geel Co*

Duration of Residence in the City of Baltimore, *20 yrs*

Place of Death, { Give street and number. } *197 Howard st*

Cause of Death, { First (Primary,) Second (Immediate,) } *Portable, Heart disease*

Duration of Last Sickness, *Sudden death*

All the above information should be furnished by the Physician.

Place of Burial, *Laurel Cemetery*

Date of Burial, *Aug 23. 1877*

{ Undertaker, Place of Business, } *John C. Gode*

Geel C. Gode M. D. Medical Attendant.

Address *229 Cary st,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20266,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

Aug. 22nd 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Catharine Mitchell

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

18 Years,

Months,

Days.

Color,

Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

No steady occupation

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Balt.

Duration of Residence in the City of Baltimore,

During life

Place of Death, { Give street and number. }

141 York St.

Cause of Death, { First (Primary.)
Second (Immediate.) }

Phthisis Pulmonalis
2 months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp's Cemetery

Date of Burial, Aug 24 1877

R. M. Hall

M. D.

Medical Attendant.

Undertaker, W. Chase

Place of Business, No 198 Howard

Address

262 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20267

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

August 21st 1877.

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Samuel Winters.

Sex, Male ~~Female~~,

Cross out the word not required in this line.

Age,

3

Years,

11

Months,

4

Days.

Color,

Colored

Married, Single, Widow or Widower, Cross out the words not required in this line.

Occupation,

Birthplace, State or country (and how long in the United States, if of foreign birth.)

Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, Give street and number.

97 Lee St

Cause of Death,

First (Primary),
Second (Immediate),

Scarlet Fever -

Duration of Last Sickness,

Nine days.

All the above information should be furnished by the Physician.

Place of Burial,

Laurel Cemetery

Date of Burial,

Aug 23 1877

Undertaker,

S W Chase

Place of Business,

16198 Howard St

L. A. Bell

M. D.

Medical Attendant.

Address 161 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 20268

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, August 22d 1877
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elizabeth Jane Watkins
Sex, Male or Female, { Cross out the word not required in this line. } Female
Age, Twelve Years, Months, Days,
Color, Colored
Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single
Occupation, Nothing
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore City, Maryland
Duration of Residence in the City of Baltimore, Continued
Place of Death, { Give street and number. } No 37 Lexington St
Cause of Death, { First (Primary,) Tonsillitis et Strumous et diathesis
Second (Immediate,) Cerebral congestion
Duration of Last Sickness, Ten days
All the above information should be furnished by the Physician.
Place of Burial, Stemmer Run
Date of Burial, Aug-24 1877
Undertaker, S. Wehage
Place of Business, No 198 Howard St
Address, J. D. Pyles M. D. No 146 Hill St Baltimore Md
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 8571

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *20269*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested to do, under penalty of law.

PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

August 22nd

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Geo. R. James

Sex, ~~Male~~ or ~~Female~~,

Cross out the word not required in this line.

Age,

Years,

Months,

Eight

Days.

Color,

Black

Sex,

Male

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace, State or country (and how long in the United States, if of foreign birth.)

49. Monmouth Alley

Duration of Residence in the City of Baltimore,

Since birth

Place of Death, Give street and number.

49 Monmouth Alley

Cause of Death,

First (Primary),

Second (Immediate),

Inflammation of Brain

Five days

Duration of Last Sickness,

Five days

All the above information should be furnished by the Physician.

Place of Burial,

Laurel Cemetery

L. K. Mernick

M. D.

Date of Burial,

August 23rd

Medical Attendant.

Undertaker,

Chas. J. Schuman

Address

131 W. Biddle St.

Place of Business,

371 N. E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20270

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH



Date of Death,

Aug. 23^d. 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Elizabeth Wolf

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age,

2 Years,

Months,

13 Days.

Color,

white

~~Married~~ Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore City

Duration of Residence in the City of Baltimore,

Since birth.

Place of Death, { Give street and number. }

311 S. Bond St.

Cause of Death, { First (Primary). Second (Immediate). }

Cholera Infantum

Marasmus

Duration of Last Sickness,

Two months.

All the above information should be furnished by the Physician

Place of Burial,

Baltimore Cemetery

Date of Burial,

August 24th 1877

Undertaker,

Leonard Vesper

Place of Business,

S. Bond St. Balt.

Address

94 S. Broadway.

Aug. Fr. Erick M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20271

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ~~August 22d~~ August 22d 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } William Burth

Sex, Male or Female, { Cross out the word not required in this line. } male

Age, 12 Years, 10 Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } Hamburg Street No 167

Cause of Death, { First (Primary,) Acute Miliar - tuberculosis
Second (Immediate,) Oedema of lungs }

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, S. Paulus Cemetery

Date of Burial, 24 August

{ Undertaker, Leonard J. Perry }

{ Place of Business, S. Bond St. No 277 }

L. F. Pinkard M. D.
Medical Attendant.

Address 224 W. Fayette Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *20272*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *Aug 22^d 1877.*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *George E. Green.*

Sex, Male or Female, { Cross out the words not required in this line. } *Male*

Age, *24* Years, _____ Months, _____ Days

Color, *white*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Married*

Occupation, *Express Messenger.*

Birthplace, { State or country (and how long in United States, if of foreign birth.) } *Balto. Md.*

Duration of Residence in the City of Baltimore, *During life.*

Place of Death, { Give street and number. } *351 Central Ave.*

Cause of Death, { First (Primary,) *Typhoid Fever.*
Second (Immediate,) _____

Duration of Last Sickness, *18 days*
All the above information should be furnished by the Physician.

Place of Burial, *Baltimore Cemetery*

Date of Burial, *Aug 25th 1877*

{ Undertaker, *Geo H. Weaver*
Place of Business, *Hayette St*

J. S. Hamington M. D.
Assisted by *Dr. Hartman*
Address, *852 S. Thorp St.*

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. **20273,**

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER



CERTIFICATE OF DEATH.

Date of Death,

Aug 22nd 77

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents }

Mrs Ann Clifford

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *45* Years,

Months,

Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Married

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Ireland

Duration of Residence in the City of Baltimore,

28 years

Place of Death, { Give street and number. }

180 Greenmount Ave.

Cause of Death, { First (Primary.)
Second (Immediate.) }

Phthisis

Duration of Last Sickness,

3 years

All the above information should be furnished by the Physician.

Place of Burial, *St Vincent's Cemetery*

Date of Burial, *August 24th 1877*

{ Undertaker, *James O Byrne*

{ Place of Business, *N 63rd Street St*

Jos. Brooke Byrle M. D.
Medical Attendant.

Address *166 E. Eager St.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Physician is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. *20274*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *Aug 22^d 1877*

Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents. *Maria Norris*

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, *60* Years, Months, Days.

Color, *ed*

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore Co*

Duration of Residence in the City of Baltimore, *5 Months*

Place of Death, { Give street and number. } *Chestnut 146*

Cause of Death, { First (Primary,) Second (Immediate,) } *Typhoid fever*

Duration of Last Sickness, *11 days*

All the above information should be furnished by the Physician.

Place of Burial, *A well known*

Date of Burial, *Aug 23^d 1877* *E. C. Baldwin* M. D.
Medical Attendant.

{ Undertaker, *Thos J. Lott*

{ Place of Business, *56 Jefferson St* Address *124 N. Epton St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

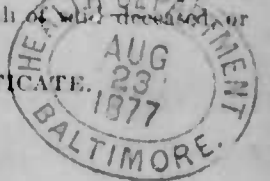
Board of Health, City of Baltimore,

Permit No. *20275*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of *the deceased*, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *Aug 22 1877*

Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents. *Adaline Mack*

Sex, ~~Male~~ or Female, Cross out the word not required in this line.

Age, _____ Years, _____ Months, *7* Days.

Color *ed*

Married, Single, Widow or Widower, Cross out the words not required in this line.

Occupation, _____

Birthplace, State or country (and how long in the United States, if of foreign birth.) *51 South Dallas st*

Duration of Residence in the City of Baltimore, _____

Place of Death, Give street and number. *51 South Dallas st*

Cause of Death, First (Primary.) *Convulsions*
Second (Immediate.)

Duration of Last Sickness, *Two days*

All the above information should be furnished by the Physician.

Place of Burial, *Lallas st Cemetery*

Date of Burial, *Aug 23 1877*

E. C. Baldwin M. D.
Medical Attendant.

Undertaker, *Theodore J. Lock*

Place of Business, *56 Jefferson st*

Address *124 n. Epton*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 20276
The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20276

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Aug 22 1877

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Jennie Hoas

Sex, ~~Male~~ Female,

Cross out the words not required in this line.

Age,

Years,

6

Months,

20

Days

Color,

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in United States, if of foreign birth.)

Baltimore City

Duration of Residence in the City of Baltimore,

Life

Place of Death,

Give street and number.

401 Druid Hill Ave

Cause of Death,

First (Primary),

Second (Immediate),

Cholera Infantum
one month

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Scrubby Pa

Date of Burial,

Aug 23 1877

James A. Smith M.D.

Undertaker,

John H. Weaver

Address,

Cor of Health

Place of Business,

Fayette St

Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by father of child

[OVER.]

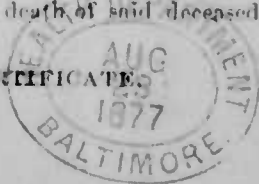
Board of Health, City of Baltimore,

Permit No. 24277

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, August 22^d 1877
Full Name of Deceased, { Write legible and spell correctly. If an infant not named, give names of parents. } Martha Ellen Green
Sex, Male or Female, { Cross out the word not required in this line. } Female
Age, Three Years, Ten Months, Days.
Color, Colored
Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single
Occupation, Nothing
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore City, Maryland
Duration of Residence in the City of Baltimore, Continued
Place of Death, { Give street and number. } No 75 Goodman Alley
Cause of Death, { First (Primary,) Malaria Fever
Second (Immediate,) Enteric
Duration of Last Sickness, Two weeks
All the above information should be furnished by the Physician
Place of Burial, Laurel Cemetery
Date of Burial, August 23^d
{ Undertaker, Hercules B. Brown
{ Place of Business, 18 West St
J. L. Dyer M. D.
Medical Attendant.
No 146 Hill St
Baltimore Md
Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

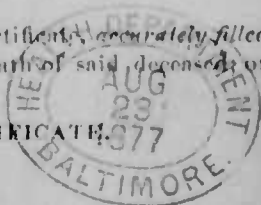
Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 202781

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, August 23rd
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Christopher Brown
Sex, Male or Female, { Cross out the word not required in this line. } ~~Female~~
Age, 25 Years, 2 Months, 18 Days.
Color, white
Married, Single, Widowed or Widower, { Cross out the words not required in this line. } ~~Single~~
Occupation, Wagoner
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } City
Duration of Residence in the City of Baltimore,
Place of Death, { Give street and number. } No 240 William St
Cause of Death, { First (Primary,) Typhoid Fever
Second (Immediate,)
Duration of Last Sickness, 3 weeks
All the above information should be furnished by the Physician.
Place of Burial, Western Cemetery
Date of Burial, Aug 24 '77 J. C. Burch M. D. Medical Attendant.
{ Undertaker, Horvitz & Co. Address 151 Howard St
{ Place of Business 386 Orleans St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. **20279**

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, **Aug 23, 1877.**

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } **Wilbur Dickson Morgan,**

Sex, ~~Male~~ or ~~Female~~, { Cross out the word not required in this line. }

Age, **5** Years, **18** Months, **18** Days.

Color, **White** Sex, **Male**

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } **City,**

Duration of Residence in the City of Baltimore, **Life.**

Place of Death, { Give street and number. } **175 Saratoga St.**

Cause of Death, { First (Primary,) Second (Immediate,) } **Cholera Infantum,**
Cholera Infantum,

Duration of Last Sickness, **Six weeks,**

All the above information should be furnished by the Physician.

Place of Burial, **Mount Airy**

Date of Burial, **August 24th 1877**

{ Undertaker, **Armstrong & Son**

{ Place of Business, **263 Light St**

X. P. Morgan M. D.
Medical Attendant.

Address **175 Saratoga St.,**

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

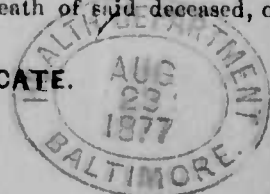
Board of Health, City of Baltimore,

Permit No. 20280

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *August 22^d 1877.*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Susan Young.*

Sex, *Male* α *Female*, { Cross out the word not required in this line. }

Age, *2* Years, *2* Months, *11* Days.

Color, *White* Sex, *Female*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore City.*

Duration of Residence in the City of Baltimore, *Lifetime*

Place of Death, { Give street and number. } *2 Gould's Lane.*

Cause of Death, { First (Primary,) Second (Immediate,) } *Cholera Infantum.*
Profusa.

Duration of Last Sickness, *About a Month.*

All the above information should be furnished by the Physician.

Place of Burial, *Sweet Home Cemetery*

Date of Burial, *August 23rd*

J. B. White M. D.
Medical Attendant.

{ Undertaker, *B. Barle* Address *Southern Dispensary,*

{ Place of Business, *411 Light Street*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 20281

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 23, 1877,
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } M. E. Gibson
Sex, Male or Female, { Cross out the word not required in this line. }
Age, 19 Years, Months, Days.
Color, White
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation, clerk
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Richmond Va
Duration of Residence in the City of Baltimore, 4 yrs
Place of Death, { Give street and number. } 175 Hoffman st.
Cause of Death, { First (Primary,) Second (Immediate,) } Heart disease, Probable
Duration of Last Sickness, Sudden death
All the above information should be furnished by the Physician.

Place of Burial, Green mound
Date of Burial, Aug 25th 1877
{ Undertaker, Cha. T. Scriven Address 229 Cary st.
{ Place of Business, 271 N. Eutaw st.
Geo. C. Ophcrump, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

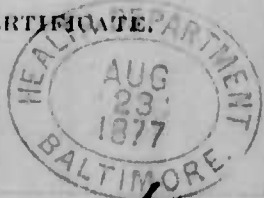
Permit No. 20282

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Aug 23rd

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Clarence Edward Foster

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

—

Years,

7

Months,

11

Days.

Color,

Cal

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Maryland

Duration of Residence in the City of Baltimore,

Native

Place of Death,

{ Give street and number. }

No 18 Bolton St

Cause of Death,

{ First (Primary,)
Second (Immediate,) }

2nd Chronic Diarrhoea
1st Feeding
Some weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Laurel Corn

Date of Burial,

Aug 24th 1877

W M Antium

M. D.

Medical Attendant.

Undertaker,

Wm S Scriven

Place of Business,

271 N Rutaw

Address

192 Pearl St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

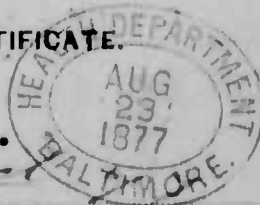
Permit No. 20283

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Aug 23rd

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents }

Lizzie Ann

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age, Years,

4

Months,

1

Days.

Color, White

Sex,

Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Baltimore City

Duration of Residence in the City of Baltimore,

Since Birth

Place of Death, { Give street and number. }

376 Hamburg

Cause of Death, { First (Primary), Second (Immediate), }

Tubercular Meningitis

Duration of Last Sickness,

22 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

J. G. Wambush

M. D.

Date of Burial, Aug 24th

Medical Attendant.

{ Undertaker, A. Brice

Address 203 W. Lombard

{ Place of Business, Henrietta st 81

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20284

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

August 23^d 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Wm Francis O'Brien

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age,

25

Years,

None

Months,

27

Days.

Color,

White

Sex,

Single

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Mill Stone Cutter

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Albemarle Co. Va.

Duration of Residence in the City of Baltimore,

Twenty one years

Place of Death, { Give street and number. }

Baltimore Md. 7th door South of Wilson's

Cause of Death, {

First (Primary,)

Consumption

Second (Immediate,)

"

Duration of Last Sickness,

Sixteen months

All the above information should be furnished by the Physician.

Place of Burial,

St Peters Cem

Date of Burial,

Aug 24th 1877

{ Undertaker,

John T. Scriven

Address

{ Place of Business,

271 N. Eutan st

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21285

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

August 23rd 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Carrie Lang

Sex, ~~Male~~ or Female,

Cross out the word not required in this line.

Female

Age,

23

Years,

5

Months,

23

Days.

Color,

White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~,

Cross out the words not required in this line.

Single

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore City
Life

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

No 86 Eastern Avenue

Cause of Death,

First (Primary.)

Second (Immediate.)

Acute Mania

Phthisis Pulmonalis

Duration of Last Sickness,

Fourteen Months

All the above information should be furnished by the Physician.

Place of Burial,

St Michael's Cemetery

Date of Burial,

August 25th 1877

Undertaker,

Peter Frey

Place of Business,

91 E. 1st St

Thomas B. Evans M. D.
Medical Attendant.

Address No 18 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 20286,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Augt 23rd

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

unknown

Sex, Male or Female,

Cross out the word not required in this line.

Age,

Years, Supposed to be 3 or 4 Months,

Days.

Color,

Colored

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

unknown

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

unknown. found in an alley.

Cause of Death,

First (Primary.)

From appearance I should judge he

Second (Immediate.)

died from Mucosus or Cholera Infantum

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

N. Pub Cemetery

Date of Burial,

Augt 24th 1877

Undertaker,

M. H. C. Perry

Place of Business,

Prett St

Address

Geo. Oph. Connor M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20287

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, Aug 23 '77

Full Name of Deceased, Emma Collare

Sex, ~~Male~~ or Female, ~~Male~~

Age, Years, 7 Months, Days.

Color, white

Married, Single, Widow or Widower, Single

Occupation,

Birthplace, Md

Duration of Residence in the City of Baltimore,

Place of Death, 135 Penna Ave

Cause of Death, Cholera infantum

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Aug 24, 1877

Undertaker, J. J. Chalmers

Place of Business, 262 Penna Ave

H. M. Meller

M. D.

Medical Attendant.

Address 87 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 20288

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, Aug. 22, 1877.
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Eliza Williamson
Sex, Male or Female, { Cross out the word not required in this line. }
Age, 53 Years, Months, Days.
Color, Cold, Sex, Female.
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation,
Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore County Md.
Duration of Residence in the City of Baltimore, 18 Years.
Place of Death, { Give street and number. } 11 Temple
Cause of Death, { First (Primary,) Hypertrophy of Heart
{ Second (Immediate,)
Duration of Last Sickness,
All the above information should be furnished by the Physician.
Place of Burial, Laurel Cemetery S F Loggman M. D.
Date of Burial, Aug 25. 77 Medical Attendant.
{ Undertaker, S. H. Jones Address 134 High
{ Place of Business, 188 Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 20289

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Sept 24 1877

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Michael Jolly

Sex, ~~Male~~ or Female,

{ Cross out the words not required in this line. }

Age,

40

Years,

Months,

Days

Color,

Ca

Married, ~~Single~~ ~~Widowed~~ ~~Widowed~~

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in United States, if of foreign birth.) }

Balt City

Duration of Residence in the City of Baltimore,

Life

Place of Death,

{ Give street and number. }

34 Forrest Street.

Cause of Death,

{ First (Primary.) }

{ Second (Immediate.) }

Epileptic Fit

Duration of Last Sickness,

all her life more or less

All the above information should be furnished by the Physician.

Place of Burial,

Lowell Cemetery

Date of Burial,

Sept 25 1877

{ Undertaker,

S. W. Chase

Address,

Commis of Health

{ Place of Business,

Howard St

Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 20290

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, Aug 24

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mrs A. M. Mian

~~Male~~ Male or Female, { Cross out the word not required in this line. }

Age, 18 Years, 18 Months, 29 Days.

Color, White

~~Married~~ Married, Single, Widowed or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore, 2 1/2 years

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness, Two or 3 months

All the above information should be furnished by the Physician.

Place of Burial, Healy Cross

Date of Burial, Aug 24 1877

{ Undertaker, Jas P. Byrne

{ Place of Business, Front St

Address

C. C. Donovan M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26291

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

August 23^d 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Mr. Henry Ernest Schmidt

Sex, Male or Female,

Cross out the word not required in this line.

Male

Age,

Twenty One Years,

Three

Months,

Fifteen

Days.

Color,

White

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Single

Occupation,

Brass Choulder

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore, Md.

Duration of Residence in the City of Baltimore,

Since Birth

Place of Death,

Give street and number.

No. 41 Jackson St.

Cause of Death,

First (Primary.)

Second (Immediate.)

Consumption
One Week

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Mount Carmel M. H. Hendrien

M. D.

Date of Burial,

August 25th 1877

Medical Attendant.

Undertaker,

H. Hafmann

Address

No. 102 N. Broadway

Place of Business,

63 N. Eden St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 20294

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 23^d
 Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Louis Werner
 Sex, Male or Female, { Cross on the word not required in this line. } Male
 Age, 21 Years, 4 Months, 12 Days.
 Color, Male
 Married, Single, { Cross out the words not required in this line. }
 Occupation, Baker
 Birthplace, { State or country (and how long in the United States, if of foreign birth. } Germany
 Duration of Residence in the City of Baltimore, 4 years
 Place of Death, { Give street and number. } 20 Granty str.
 Cause of Death, { First (Primary,) Typhoid fever
 { Second (Immediate,) Hemorrhage from bowels & infection
 Duration of Last Sickness, 20 days.
 All the above information should be furnished by the Physician.
 Place of Burial, Western Cemetery
 Date of Burial, 25th Aug 10 o'clock
 Undertaker, Ch. Melor.
 Place of Business, 184 Lee St
 Address, 137 N. Fayette,
 M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

K

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20293,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

August 23^d 1897

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Mollie Macalister

Sex, ~~Male~~ or Female,

Cross out the word not required in this line.

Age,

3

Years,

9

Months,

14

Days.

Color,

White

See

~~Married~~, Single, ~~Widow~~ or ~~Widower~~,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore City

Duration of Residence in the City of Baltimore,

Life

Place of Death,

Give street and number.

92 Centre St.

Cause of Death,

First (Primary),

Second (Immediate),

Tubercular Meningitis

Duration of Last Sickness,

3 weeks

All the above information should be furnished by the Physician.

Place of Burial,

Greenmount

Date of Burial,

August 24th

N. W. Oving

M. D.

Medical Attendant.

Undertaker,

C. Hennings

Address

288 Madison Ave

Place of Business,

10 92 N. Howard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore,

Permit No. 20294

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, August 22^d.
 Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Maria Janderk
 Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female
 Age, 33 Years, 4 Months, Days.
 Color,
 Married, ~~Single~~, Widow or ~~Widower~~ { Cross out the words not required in this line. }
 Occupation, Shoemaker
 Birthplace, { State or country (and how long in the United States, if of foreign birth. } Prussia
 Duration of Residence in the City of Baltimore, 5 years
 Place of Death, { Give street and number. } 19 N. Liberty
 Cause of Death, { First (Primary,) Consumption of lungs
 { Second (Immediate,) Transition
 Duration of Last Sickness, 1 year
 All the above information should be furnished by the Physician.
 Place of Burial, Sweet Home
 Date of Burial, Friday 24th August
 { Undertaker, Conrad Kunkel
 { Place of Business, No 60 Park Ave
 Address, 17 W Fayette St
 M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Information by - Geo Sands Father (OVER.)

The special attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. *21296*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Aug 23 - 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

George W. White

Sex, Male or Female, { Cross out the words not required in this line. }

Age, *Four* Years,

two

Months,

4

Days

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) }

Pennsylvania

Duration of Residence in the City of Baltimore,

Nearly twenty years

Place of Death, { Give street and number. }

83 St. Howard St.

Cause of Death, { First (Primary,) Second (Immediate,) }

Diphtheria

Duration of Last Sickness,

Two days

All the above information should be furnished by the Physician.

Place of Burial,

Green Park

Date of Burial,

26 Aug 79

{ Undertaker,

J. Weimer

{ Place of Business,

Smile Hill av

W. E. Rice M.D.
Medical Attendant.

Address,

87 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *20297*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Aug 23

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Anna Maria Hart

Sex, *Male* or Female, { Cross out the word not required in this line. }

Age,

4

Years,

10

Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore Md

Duration of Residence in the City of Baltimore,

all her life-time

Place of Death, { Give street and number. }

26 Davis St

Cause of Death, { First (Primary,) Second (Immediate,) }

*Pseudo-Membranous Laryngitis
Asthma Complicated with Bronchitis & Syphilis*

Duration of Last Sickness,

14 days

All the above information should be furnished by the Physician.

Place of Burial,

Cathedral Cemetery

Date of Burial,

Aug 24th 1877

John A. Roemer M. D.
Medical Attendant.

{ Undertaker,

Joseph F. Byrne

Address

92 Saratoga St.

{ Place of Business,

69th Liberty

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21298.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, August 24th 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mathilda Heck

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age, 25 Years, Months, Days.

Color, white Sex, Female

~~Married~~, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore Md.

Duration of Residence in the City of Baltimore, lifetime

Place of Death, { Give street and number. } Forest Street 2 doors W. of Low Street

Cause of Death, { First (Primary,) Pulmonary Phthisis.
Second (Immediate,) General debility

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Aug 26th 1877

{ Undertaker, Geo Schilling
Place of Business, Ashland Square

Address 165 W Lombard St

Henry Salzer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 211299

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, August 21st 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Susan Ann Hodges

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 21 Years, Months, Days.

Color, Black Sex, Female

Married, Single, Widowed or Widower, { Cross out the words not required in this line. } Single

Occupation, Servant

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore, Md

Duration of Residence in the City of Baltimore, Entire life time

Place of Death, { Give street and number. } 213 Chestnut St

Cause of Death, { First (Primary,) Pyphoid-like Debility -
Second (Immediate,) Asthenia

Duration of Last Sickness, about three weeks

All the above information should be furnished by the Physician.

Place of Burial, E. Pub Cemetery

Date of Burial, Aug 24 1877

Undertaker, C. Sheefer

Place of Business, E Pratt St

Address, 21 Broadway

D. Webster Cathell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

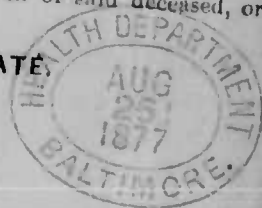
Board of Health, City of Baltimore,

Permit No. 211300

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, August 23rd

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Harriet Lotab-

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, 40

Years,

Color, Black.

Months,

Days.

Married, ~~Single~~ ~~Widow~~ ~~or Widower~~, { Cross out the word not required in this line. }

Occupation, Cook.

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life.

Place of Death, { Give street and number. } 11 Bolton Alley.

Cause of Death, { First (Primary,) Diphtheria
Second (Immediate,) Asphemia.

Duration of Last Sickness, 2 months.

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, August the 24

Undertaker, John T. Jordan

Place of Business, No 63 Park Ave

John D. Dickson

M. D.

Medical Attendant.

Address 261 Madison Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

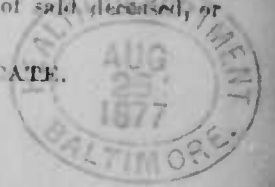
Board of Health, City of Baltimore,

Permit No. 20311

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

Aug 24 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

John J. Gray

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Three

Years,

Nine

Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

60 Woodyard

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

60 Woodyard

Cause of Death, { First (Primary,) Second (Immediate,) }

Diphtheria

Duration of Last Sickness,

One week

All the above information should be furnished by the Physician.

Place of Burial,

St. Peter's Cemetery

Date of Burial,

Aug 25 1877

Undertaker,

J. M. Schaefer

Place of Business,

N 150 Corner

Address

Penry & Res...

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

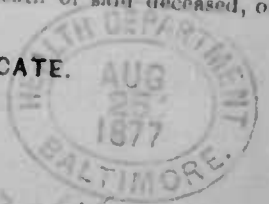
Permit No. 20302

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, Aug 22nd 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Georgiana Whit & Geo Dorsey
(Twin)

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, _____ Years, _____ Months, _____ Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. } _____

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balt.

Duration of Residence in the City of Baltimore, _____

Place of Death, { Give street and number. } St Vin N 2 5

Cause of Death, { First (Primary), _____
Second (Immediate), _____

Duration of Last Sickness, _____

All the above information should be furnished by the Physician.

Place of Burial, W Public Cemetery

Date of Burial, Aug 23rd

{ Undertaker, W H G Perry Address _____
Place of Business, 448 W Pratt St

Medical Attendant, Albert Stephens. M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 20303

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *Sept 23 1877*

Full Name of Deceased, *Georgeant Geo Dorsey*
Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, ~~Male~~ Female, *(Twin)*
Cross out the words not required in this line.

Age, *one* Years, *one* Months, *one* Days

Color, *Black*

Married, Single, Widow or Widower, *Single*
Cross out the words not required in this line.

Occupation, *None*

Birthplace, *Bafty City*
State or country (and how long in United States, if of foreign birth.)

Duration of Residence in the City of Baltimore, *Life*

Place of Death, *5 Vine St*
Give street and number.

Cause of Death, *unknown*
First (Primary),
Second (Immediate),

Duration of Last Sickness, *copy*
All the above information should be furnished by the Physician.

Place of Burial, *N. Lub Cemetery*

Date of Burial, *Sept 25 1877*

Undertaker, *M. H. C. Perry* Address, *Pratt St*

Place of Business, *Pratt St*

Albert Stephens M.D.
Pro Rector

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. *20304*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *August 24 1857*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Frank John Vogt*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, *1* Years, *3* Months, Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore City*

Duration of Residence in the City of Baltimore, *Life time*

Place of Death, { Give street and number. } *144 S. Canal St.*

Cause of Death, { First (Primary.) Second (Immediate.) } *Paralysis*
Eclampsia

Duration of Last Sickness, *36 Hours*

All the above information should be furnished by the Physician

Place of Burial, *Emmuel's Cemetery*

Date of Burial, *August 25* *James C. Drumm* M. D.
Medical Attendant.

{ Undertaker, *Fred. Gault*

{ Place of Business, *No. 27 S. Caroline St* Address *279 S. Baltimore St.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

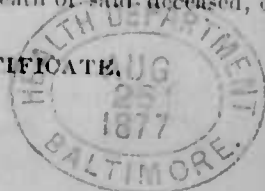
Permit No. 20305

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, Aug. 24 1877
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William Beckman
Sex, Male or Female, { Cross out the word not required in this line. } Male
Age, 21 Years, 1 Months, 21 Days.
Color, White
Married, Single, Widow or Widower, { Cross out the words not required in this line. } no
Occupation, Cigar maker
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } city
Duration of Residence in the City of Baltimore, 105-51 Register
Place of Death, { Give street and number. } Consumption of the Lungs
Cause of Death, { First (Primary,) Second (Immediate,) } 8 months
Duration of Last Sickness, 8 months
All the above information should be furnished by the Physician.
Place of Burial, Baltimore Cemetery
Date of Burial, 26th Abraham Arnold M. D.
Medical Attendant.
Undertaker, Henry Froelich
Place of Business, 246 Eastern Ave Address _____

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 20306

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *Aug 24 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents } *J. Luby Marshall*

Sex, Male or ~~Female~~, { Cross out the word not required in this line }

Age, *10* Years, *1* Months, *14* Days.

Color, *C*

Married, Single, Widow or Widower, { Cross out the words not required in this line } *Single*

Occupation, *Student*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *N. Y. State*

Duration of Residence in the City of Baltimore, *10 months*

Place of Death, { Give street and number } *N. Y. State*

Cause of Death, { First (Primary,) Second (Immediate,) } *Marasmus*

Duration of Last Sickness, *one month*

All the above information should be furnished by the Physician.

Place of Burial, *Laurel Cemetery*

Date of Burial, *Aug 25th*

M. D.
Medical Attendant.

{ Undertaker, *C. Wiedupf* Address *23 Franklin*

{ Place of Business, *90 Greenmount av*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Physician is respectfully invited to the Remarks Below, and to List of Diseases on back of the

Board of Health City of Baltimore

Permit No. 20307

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Aug 24 1877

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Francis M. Day

Sex, Male ~~Female~~,

{ Cross out the words not required in this line. }

Age,

3

Years,

Months,

Days

Color,

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give street and number. }

420 S. Charles St

Cause of Death,

{ First (Primary),
Second (Immediate), }

Diphtheria

Duration of Last Sickness,

10 days

All the above information should be furnished by the Physician.

Place of Burial,

West Cemetery

Date of Burial,

Aug 26 1877

Undertaker,

Leah Koehler

Place of Business,

Cross St

Address,

Commis of Health
+ Registrar



Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Benjamin Day father

Board of Health, City of Baltimore,

Permit No. 20308c

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

August 24. 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Irving Miller

Sex, Male or Female, { Cross out the word not required in this line. }

Age, One Years, Ten Months, five Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

34 E. Fulton St

Cause of Death, { First (Primary,) Second (Immediate,) }

Diphtheria

Duration of Last Sickness,

Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore C

Date of Burial, Aug 26 - 1877

{ Undertaker, J. H. Harbison
Place of Business, 606 Ball St }

J. J. Linnaman M. D.
Medical Attendant.
Address # 584 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20309

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, Aug 24 1877
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Richard H. Adams
Sex, Male ~~Female~~ { Cross out the words not required in this line. }
Age, 1 Years, 4 Months, Days
Color, Black
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation,
Birthplace, { State or country (and how long in United States, if of foreign birth.) } Baltimore City
Duration of Residence in the City of Baltimore, 1 year
Place of Death, { Give street and number. } 173 Vine St
Cause of Death, { First (Primary,) Pertussis
{ Second (Immediate,) one day
Duration of Last Sickness, one day
All the above information should be furnished by the Physician.
Place of Burial, Laurel Cemetery
Date of Burial, Aug 25 1877 James A. Stewart M.D.
{ Undertaker, S. W. Chase
{ Place of Business, Howard St Address, Corner of Health

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by R. H. Adams father

Board of Health, City of Baltimore,

Permit No. 20310

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

22nd Aug. 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Herbert Little Lawrence

Sex, Male or Female,

Cross out the word not required in this line.

Male

Age,

Years,

8

Months,

Days.

Color,

White

Sex,

Male

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore City

Duration of Residence in the City of Baltimore,

During his life.

Place of Death,

Give street and number.

No. 50 George St.

Cause of Death,

First (Primary,)

Atropia Muscularis

Second (Immediate,)

Exhaustion

Duration of Last Sickness,

During life

All the above information should be furnished by the Physician.

Place of Burial,

Landon Park

Date of Burial,

August 25th 1877

Undertaker,

Jacob Weaver

Place of Business,

No. 46 Daniel Hill Avenue

Address

No. 267 Daniel Hill Ave.

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 20311,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *Aug 24 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } *Catherine E Williams*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *1* Years, *9* Months, *26* Days.

Color, *White* Sex, *Female*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Balt. City*

Duration of Residence in the City of Baltimore, *during life*

Place of Death, { Give street and number. } *41 N. Central Ave.*

Cause of Death, { First (Primary,) Second (Immediate,) } *Pneumonia*

Duration of Last Sickness, *about 18 day*

All the above information should be furnished by the Physician.

Place of Burial, *Green Mt Cemetery*

Date of Burial, *Aug 26 1877*

{ Undertaker, Address } *Hughes & Co*

{ Place of Business, } *65 S. Broadway*

J. C. Harris M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

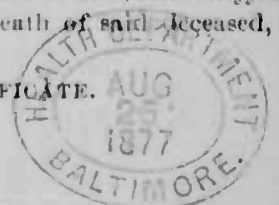
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20312

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, Aug. 24. 77

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Emma L. T. L. Nicholson

Sex, Male or Female, { Cross out the words not required in this line. } Female

Age, 15 Years, 15 Months, 15 Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, None

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Balt. Md.

Duration of Residence in the City of Baltimore, 15 yrs.

Place of Death, { Give street and number. } #14 Somerset St.

Cause of Death, { First (Primary,) Premature birth }
{ Second (Immediate,) Exhaustion }

Duration of Last Sickness, 15 hrs.

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cemetery

Date of Burial, Aug 25 1877

{ Undertaker, L & Bro }
{ Place of Business, 524 N Broadway }

Signature, Geo. A. Hartman M. D.
Medical Attendant.

Address, #305 N. Caroline

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20313,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

Aug 25 1877

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

George Kernerlein

Sex, Male ~~or Female~~,

{ Cross out the words not required in this line. }

Age,

Years,

6

Months,

Days

Color,

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in United States, if of foreign birth.) }

Balt City

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give street and number. }

57 N. Durham St

Cause of Death,

{ First (Primary.) }

{ Second (Immediate.) }

Chol Infantum

Duration of Last Sickness,

all its life

All the above information should be furnished by the Physician.

Place of Burial,

St. Alphonsus

Date of Burial,

Aug 26 1877

{ Undertaker,

P Bachman

{ Address,

Commis of Health

{ Place of Business,

278 E. Lombard

{

Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by - Phillip Bachman, Undertaker

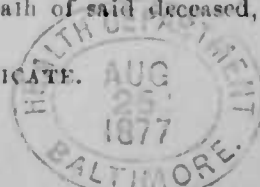
Board of Health, City of Baltimore,

Permit No. 20314

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

Aug 24 1877

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Ann E. Luthicum

Sex, ~~Male~~ Female,

Cross out the words not required in this line.

Age,

Years,

6

Months,

Days

Color,

col

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in United States, if of foreign birth.)

Balto City

Duration of Residence in the City of Baltimore,

Life

Place of Death,

Give street and number.

15 Ohio Ave

Cause of Death,

First (Primary),

Second (Immediate),

Leptemia Chol Infantum

Duration of Last Sickness,

4 weeks

All the above information should be furnished by the Physician.

Place of Burial,

Laurel Cemetery

Date of Burial,

Aug 25 1877

Undertaker,

Jacob Davis

Place of Business,

103 Lee St

Address,

Corn of Health Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in case of births and deaths of illegitimate children.

Information by Anna Luthicum Mother

Board of Health, City of Baltimore,

Permit No. 20315

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *Aug 25 1877*
Full Name of Deceased, *Bertha + Phillip Mebus*
Write legibly and spell correctly. If an Infant not named, give names of parents.
Sex, Male or Female, *(Parents)*
Cross out the words not required in this line.
Age, *2* Years, *2* Months, *2* Days
Color, *White*
Married, Single, Widow or Widower, *(Cross out the words not required in this line.)*
Occupation,
Birthplace, *Balt City*
State or country (and how long in United States, if of foreign birth.)
Duration of Residence in the City of Baltimore,
Place of Death, *Scott + Stockholm St*
Give street and number.
Cause of Death, *Convulsions*
First (Primary,) Second (Immediate,)
Duration of Last Sickness, *Sudden*
All the above information should be furnished by the Physician.
Place of Burial, *Western Cemetery*
Date of Burial, *Aug 25 1877*
Undertaker, *John S. Macke*
Place of Business, *Pender St*
Address, *Comm of Health Registrar*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Mary Kroh Muderick

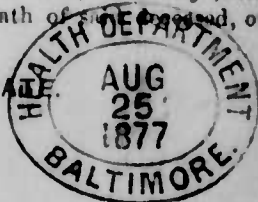
Board of Health, City of Baltimore,

Permit No. 211316

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE



CERTIFICATE OF DEATH.

Date of Death,

Aug. 25th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Blanche Stales

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age, _____ Years

13 $\frac{1}{2}$

Months,

Days.

Color,

White

Sex,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

409 N. Calhoun St.

Cause of Death, { First (Primary,) Second (Immediate.) }

Cholera Infantum

Duration of Last Sickness,

Three months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore City

Date of Burial,

Sept 26th 1877

W. W. Murray M. D.
Medical Attendant

{ Undertaker, J. J. Rodermayer

{ Place of Business,

Monument St

Address 10 N. Carey St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

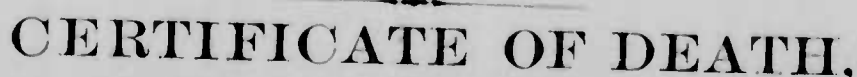
SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *according to the law*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE



Address 23 Elm Street

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 20318

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE



CERTIFICATE OF DEATH.

Date of Death,

Aug. 24 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

J. P. R. Stomer

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age,

Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

city

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

68 Somerset St

Cause of Death, { First (Primary,) Second (Immediate,) }

Cholera Infantum
Marasmus.

Duration of Last Sickness,

Two months

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, August 26 1877

Storer M. D.
Medical Attendant.

{ Undertaker, Henry Floeth

{ Place of Business, 309 Central ave

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

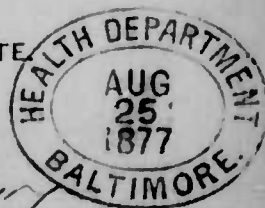
Board of Health, City of Baltimore,

Permit No. *20319*

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *Saturday Aug 25th 1877*
 Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Samuel Appleby Smith*
 Sex, Male or Female, { Cross out the word not required in this line. } *Male*
 Age, *5* Years, *2* Months, *13* Days.
 Color, *White* Sex, *Male*
 Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Single*
 Occupation, *—*
 Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Balt*
 Duration of Residence in the City of Baltimore, *all his life*
 Place of Death, { Give street and number. } *262 East Biddle St*
 Cause of Death, { First (Primary,) } *Scarlatina.* { Second (Immediate,) } *Diphtheria*
 Duration of Last Sickness, *9 Days*
All the above information should be furnished by the Physician.
 Place of Burial, *Baltimore Cemetery*
 Date of Burial, *Aug 26, 1877*
 Undertaker, *Henry Hooft* Address *29. S. Sharp Street*
 Place of Business, *309 Central Ave*

W. S. Mearns M. D.
 Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

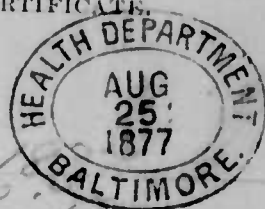
Permit No. **20320**

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, **58** Years,

Color,

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary), Second (Immediate). }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, **Balto County**

Date of Burial, **August 28**

{ Undertaker, **Geo W. Spren**

{ Place of Business, **206 Forrest**

August 25 1877
Martha J. Ricker
Female
11 Months, **—** Days.
White
Married
Baltimore
Lifelong
58 E. Pratt St.
Myelitic Chronic
2 years

J. J. Powell, M. D.
Medical Attendant.

Address **224 Carrollton Ave.**

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 20321

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, to the undertaker or other person superintending the burial, within twenty-four hours after the death, and to be filled out, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE



CERTIFICATE OF DEATH.

Date of Death, 25th of Aug. 1877
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Logsdon
Sex, Male or Female, { Cross out the word not required in this line. } Female
Age, 63 Years, 7 Months, Days.
Color, White
Married, Single, Widow or Widower, { Cross out the words not required in this line. } Widow
Occupation,
Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto. Co.
Duration of Residence in the City of Baltimore, 40 years
Place of Death, { Give street and number. } No. 72 N. Wolf St.
Cause of Death, { First (Primary,) Rheumatism
Second (Immediate,) Heart Disease
Duration of Last Sickness, 61 hours
All the above information should be furnished by the Physician.
Place of Burial, In E. Burial H. Road E. P. Thoms
Date of Burial, Aug 28/77 M. D.
Undertaker, J. & S. Thoms Medical Attendant
Place of Business, 34 W. Broadway Address 406 E. Balto. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

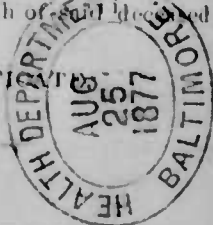
Board of Health, City of Baltimore,

Permit No. 20322

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of *said* deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

Aug 25 1877

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Michael Yeat

Sex, Male or Female,

{Cross out the word not required in this line.}

Male

Age,

1 Years,

7 Months,

1 Days.

Color,

White

Married, Single, Widow or Widower,

{Cross out the words not required in this line.}

Occupation,

Birthplace,

{State or country (and how long in the United States, if of foreign birth.)}

Baltimore

Duration of Residence in the City of Baltimore,

Life

Place of Death,

{Give street and number.}

No. 65, S. Canton St.

Cause of Death,

{First (Primary),
Second (Immediate).}

Spasms

Duration of Last Sickness,

Two

All the above information should be furnished by the Physician.

Place of Burial,

Holy Cross Cemetery

Date of Burial,

August 26th 1877

Undertaker,

H. M. Gibmeyer

Place of Business,

341 Canton St.

Address

7 H. St. Baltimore

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. *20323*

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Aug 25th - 77.

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

William Schlorter

Sex, Male or Female,

{ Cross out the word not required in this line. }

Male

Age,

3

Years,

1

Months,

14

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give street and number. }

456 Cross St.

Cause of Death,

{ First (Primary.) }

{ Second (Immediate.) }

Scarletina

Duration of Last Sickness,

14 days.

All the above information should be furnished by the Physician

Place of Burial,

Western Cemetery

Date of Burial,

August 26 1877

J. E. Hanning

M. D.

Medical Attendant.

{ Undertaker,

Charles F. Hurd

Address

321 Light St

{ Place of Business,

161 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

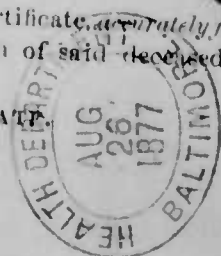
Permit No. 20324

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Aug. 24th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Mary C. Lucas

Sex, ~~Male~~ Female, { Cross out the words not required in this line. }

Age,

Years,

12

Months,

11

Days

Color,

Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) }

Baltimore City

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give street and number. }

138 Castle ally

Cause of Death, { First (Primary),
Second (Immediate), }

Whooping Cough

Duration of Last Sickness,

3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem.

Date of Burial, Aug. 26th 1877

{ Undertaker, J. M. Locks

{ Place of Business, Wolfe St.

J. A. Stewart, M.D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(Information by the Father)

[OVER.]

Board of Health, City of Baltimore,

Permit No. 20325

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four* hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, August 25th 1877

Full Name of Deceased, *George Brodders*

Sex, Male or Female, *Male*

Age, 2 Years, Months, Days

Color, Colored

Married, Single, Widow or Widower, *Single*

Occupation, none

Birthplace, *Baltimore City*

Duration of Residence in the City of Baltimore, *Life*

Place of Death, *1 Wagon Alley*

Cause of Death, *Whooping Cough*

Duration of Last Sickness, *1 week*

All the above information should be furnished by the Physician.

Place of Burial, *Laurel Cem.*

Date of Burial, *Aug. 26th 1877*

Undertaker, *J. B. Cook*

Place of Business, *707 N. Balto St.*

James A. Hunt M.D.
Medical Attendant.

Address, *Commissioner of Health & Registrar*

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(Information from Mother)

[OVER.]

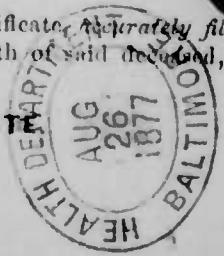
Board of Health, City of Baltimore,

Permit No. 20326

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE



CERTIFICATE OF DEATH.

Date of Death,

Aug 25

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

William S. Briggs

Sex, Male or Female,

Cross out the word not required in this line.

Age,

18

Years,

7

Months,

1

Days.

Color,

White

Sex,

Male

~~Married~~, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Printer

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Virginia

Duration of Residence in the City of Baltimore,

about 8 years

Place of Death,

Give street and number.

541 W. Lexington St.

Cause of Death,

First (Primary),

Second (Immediate),

Tubercular Meningitis

Duration of Last Sickness,

About 2 weeks

All the above information should be furnished by the Physician.

Place of Burial,

Lincoln Park Cemetery

Date of Burial,

August 28

Undertaker,

J. B. Cook

Place of Business,

407 W. 5th Baltimore

Address

534 W. 5th St.

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No 20327

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Aug 25 1877

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.
Mary Alice Smith

Sex, ~~Male~~ or Female,

Cross out the word not required in this line.

Age,

30

Years,

Months,

Days.

Color,

Mulatto

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,

Cross out the words not required in this line.

Occupation,

Seamstress

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Balto

Duration of Residence in the City of Baltimore,

Life

Place of Death,

Give street and number.

185 Menzella St

Cause of Death,

First (Primary),
Second (Immediate),

Phthisis Pulmonalis

Duration of Last Sickness,

1 year

All the above information should be furnished by the Physician.

Place of Burial,

Laurel Cemetery

Date of Burial,

Aug 26 1877

Undertaker,

Wm. H. H. H. H.

Place of Business,

195 S. Howard St

Geo. K. Brown M. D.
Medical Attendant.

Address

185 Menzella St
City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. *20328*

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

CERTIFICATE OF DEATH.

Date of Death, *August 24 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } *Maggie Davidson*

Sex, Male or Female, { Cross out the word not required in this line. } *Female*

Age, *15* Years, *11* Months, *15* Days.

Color, *Pale red* Sex, *Female*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) } *Cholera Infantum with Convulsions*

Duration of Last Sickness, *3 weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Secret Cemetery*

Date of Burial, *Aug 26 77*

Undertaker, *Samuel W. Chase*

Place of Business, *148 N. Howard St*

Address

93 Green St

M. D.

Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

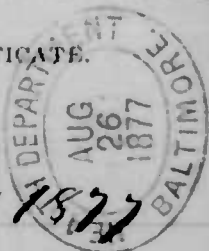
OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. *20329*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

August 24th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Charles Wilson

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age, *19* Years,

— Months,

— Days.

Color,

Caucasian

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Single

Occupation,

Laborer

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Kent Island Md.

Duration of Residence in the City of Baltimore,

16 years

Place of Death, { Give street and number. }

194 Harmon St.

Cause of Death, { First (Primary,) Second (Immediate,) }

Stroke

Hemorrhage of the Lung
20 Minutes

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, *Harper St Cemetery*

Date of Burial, *Aug. 26. 77*

{ Undertaker, *Samuel Wilson*

{ Place of Business, *184 Howard St*

n. w. cor.

Address *Harmon & Barn Sts*

R. C. A. M. D.

Coroner S. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 20330

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Aug. 24 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Carrie Langley

Sex, Male or Female,

Cross out the word not required in this line.

Age,

3 Years,

Color,

Swedish

Months,

Days.

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace, State or country (and how long in the United States, if of foreign birth.)

Balt.

Duration of Residence in the City of Baltimore,

During life

Place of Death, Give street and number.

6 Peach alley

Cause of Death,

First (Primary.)

Second (Immediate.)

Diphtheria

Duration of Last Sickness,

10 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Aug 26. 77

Undertaker, Samuel H. Hulse

Place of Business, 115 S. Howard St

R. M. Hall M. D.
Medical Attendant.

Address 262 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

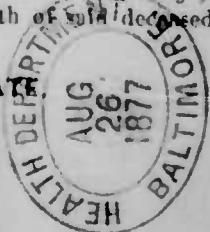
Board of Health, City of Baltimore,

Permit No. 20331

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, August 23rd 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Martha

Quash

Sex, Male ~~or~~ Female, { Cross out the word not required in this line. }

Age, — Years, 6 Months, — Days.

Color, Co Ser, H

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto Md

Duration of Residence in the City of Baltimore, 6 mos

Place of Death, { Give street and number. } 12 Sausbury Alley

Cause of Death, { First (Primary,) Pertussis
Second (Immediate,) Bronchitis

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Yeardley Cemetery

Date of Burial, Aug 25 1877

Chumoffit

M. D.

Medical Attendant

{ Undertaker, William H. Hargreaves

{ Place of Business, 1662 East St

Address 84 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 1. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

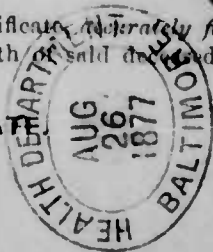
Board of Health, City of Baltimore,

Permit No. *20333*

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE



CERTIFICATE OF DEATH.

Date of Death, *Aug^t 25th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Augustus Griffin*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, *21* Years, Months, *21* Days.

Color, *White* Sex, *Male*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *W 163 Lombard St*

Duration of Residence in the City of Baltimore, *3 weeks*

Place of Death, { Give street and number. } *79 King St*

Cause of Death, { First (Primary,) Second (Immediate,) } *C. Infantum Convulsions*

Duration of Last Sickness, *1 week*

All the above information should be furnished by the Physician.

Place of Burial, *Cath. Church*

Date of Burial, *Aug 26th 1877* *Dr. E. Clayton* M. D. Medical Attendant.

{ Undertaker, *Jos. H. Byrne* Address *18 St. Eutaw St*

{ Place of Business, *374 N. Liberty*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 20334

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 24th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Ward

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 44 Years, Months, Days.

Color, White Sex, male

Married, Single, Widowed or Widower, { Cross out the words not required in this line. }

Occupation, Living Staple Keeper

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 30 years

Place of Death, { Give street and number. } 23 Pleasant St

Cause of Death, { First (Primary,) Second (Immediate,) } Cirrhosis of Liver

Duration of Last Sickness, 1

All the above information should be furnished by the Physician.

Place of Burial, Catholic Cemetery Greenmount Geo. B. Reynolds M. D. Medical Attendant.

Date of Burial, Aug 27th

{ Undertaker, Geo. Schilling Address 43 N. Calvert

{ Place of Business, Ashland Square

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

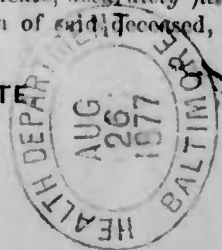
Board of Health, City of Baltimore,

Permit No. 20335

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE



CERTIFICATE OF DEATH.

Date of Death, August 25th 1877

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. Cecile Lotz

Sex, ~~Male~~ or Female, Cross out the word not required in this line.

Age, ~~Years~~ 11 months Months, Days.

Color, White Sex, Female

Married, Single, Widow or Widower, Cross out the words not required in this line.

Occupation,

Birthplace, State or country (and how long in the United States, if of foreign birth.) Baltimore Md.

Duration of Residence in the City of Baltimore,

Place of Death, Give street and number. St. Fayette Street 249.

Cause of Death, First (Primary), Second (Immediate.) Atrophy.

Duration of Last Sickness, Two months.

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery
Date of Burial, August 26th 1877
Morris Wiener M. D.
Medical Attendant

Undertaker, Charles F. Herold
Place of Business, 161 Hanover Street
Address 249, St. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 20336

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately, out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *August 24*
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *May B. Floyd*
Sex, ~~Male~~ or Female, { Cross out the words not required in this line. }
Age, ~~2~~ Years, *10* Months, *8* Days
Color, *White*
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation,
Birthplace, { State or country (and how long in United States, if of foreign birth.) } *Baltimore*
Duration of Residence in the City of Baltimore, *Since Birth*
Place of Death, { Give street and number. } *13, E. Church*
Cause of Death, { First (Primary.) *Erysipelas* }
{ Second (Immediate.) *Meningitis (Cerebral.)* }
Duration of Last Illness, *7 months*
All the above information should be furnished by the Physician.
Place of Burial, *Western Cemetery*
Date of Burial, *Aug. 24*
Undertaker, *Charles H. Bennett* Address, *146 Hanover St*
Place of Business, *161 Hanover St*

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 20337

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Aug 24th 77

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents }

Mary Ann Heiman

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

2 1/2

Years,

11

Months,

6

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Single

Occupation,

(Public School) teacher

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Maryland

Duration of Residence in the City of Baltimore,

Lifetime

Place of Death, { Give street and number. }

120 Harford Ave

Cause of Death, { First (Primary,) ... Second (Immediate,) }

Hernia) Abdominal

Pyemia

Duration of Last Sickness,

4 weeks

All the above information should be furnished by the Physician

Place of Burial,

How Cathedral

Date of Burial,

August 27th

Dr. Brooke Byrle M. D.

Medical Attendant.

{ Undertaker,

Jas P Byrne

{ Place of Business,

63 Front St

Address

166 E. Eager St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 20338

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Aug 24 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Charles Patrick Sullivan

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years,

18 Months,

Days.

Color,

W.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Balto

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

98 Beach Alley

Cause of Death, { First (Primary.)
Second (Immediate.) }

Chronic Diphtheria

Duration of Last Sickness,

say five weeks

All the above information should be furnished by the Physician.

Place of Burial, Wood Cross Cemetery

Date of Burial, August 26 1877

Undertaker, James P. Byrne

Place of Business, 163 N. Front St

Address

S. D. Sullivan M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

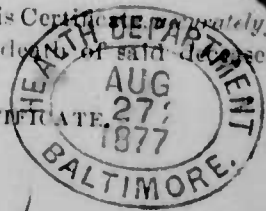
Board of Health, City of Baltimore,

Permit No. 20339

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, immediately after death, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, Aug 25 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Elerona Graham

Sex, ~~Male~~ or Female, { Cross out the words not required in this line. }

Age, _____ Years, 11 Months, _____ Days

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Balto Md

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } W 7. Clarks Alley

Cause of Death, { First (Primary,) Whooping Cough
Second (Immediate,) _____

Duration of Last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St B. G.

Date of Burial, Aug 27 1877

{ Undertaker, Mr. Ross

{ Place of Business, West near Seder hall &

Signature of Physician, J. A. H. H. M.D.
Medical Attendant.

Address, Corp 16 & Rye

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information By Mary Ellen Graham the mother

Board of Health, City of Baltimore,

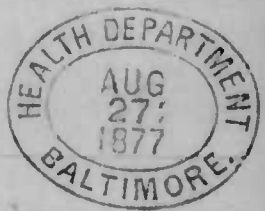
Permit No. *20340*

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

August 26th / 1877

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Rose Selvie

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Age,

Years,

22

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Balt.

Duration of Residence in the City of Baltimore,

Life-time

Place of Death,

{ Give street and number. }

6 S. Frederick St.

Cause of Death,

{ First (Primary), }

Chorea.

{ Second (Immediate), }

Convulsions

Duration of Last Sickness,

2 days.

All the above information should be furnished by the Physician.

Place of Burial,

Hebrew Cemetery, Phil's Road

Date of Burial,

Aug 26th 1877

{ Undertaker,

Henry W. Meard

{ Place of Business,

45 N Gay St

Address

137 N. Egle St

Edward R. M. Devitt

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

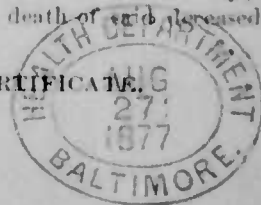
Board of Health, City of Baltimore,

Permit No. 20341

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, August 26, 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents } Ludwig Philipp Hermanns

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 8 Years, 8 Months, Days.

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Maryland

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, { Give street and number. } Belair Ave near Loxley St

Cause of Death, { First (Primary), Second (Immediate), } Dehydration
convulsions

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Aug 26 1877

Undertaker, Geo Schilling

Place of Business, Island Green

George H. Roberts M. D.
Medical Attendant.

Address 319 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 20342

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

CERTIFICATE OF DEATH.



Date of Death,

Aug 26th 1877

Full Name of Deceased,

Write legibly and spell correctly. If infant not named, give names of parents.

Fredrick Ruff

Sex, Male or Female,

Cross out the word not required in this line.

Age,

6

Years,

7

Months,

Days.

Color,

Sex,

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

East 8th Street No 186

Cause of Death,

First (Primary,)

Second (Immediate,)

Inflammation Brain

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Balti Cem

Date of Burial,

Aug 27. 77

Undertaker,

John J Rodinman

Address

Place of Business,

Car Scum out Ave & Mount St

C. S. Mahon

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 20343

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, / Years, // Months, Days.

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary.)
Second (Immediate.) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, August 28

{ Undertaker, Wendelin Dippel
Place of Business, S. Bond St 151 }

Address

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

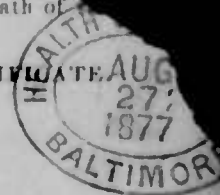
Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITALS

Permit No. *20344*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of the person, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE



CERTIFICATE OF DEATH.

Date of Death, *20th August 1877.*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *James M. Wharff.*

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *54* Years, Months, Days

Color, *White.*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, *Pilot.*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore, *Life time.*

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, *Bato Cemetery*

Date of Burial, *August 28th 1877*

{ Undertaker, *Hughes & Co*

{ Place of Business, *658 Broadway*

Richard L. Gushnell
Medical Attendant

Address *207 N. Broadway.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to file within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting out as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

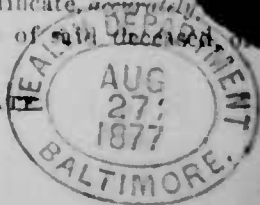
Board of Health, City of Baltimore.

Permit No. 20345

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ^{accompanied by} out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of ^{the deceased} sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE



CERTIFICATE OF DEATH.

Date of Death, Aug 26" 1877

Full Name of Deceased, ^{Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry B. S. Britchett

~~Sex, Male or Female,~~ ^{ Cross out the words not required in this line. }

Age, one Years, 8 Months, Days

Color, White

~~Married, Single, Widow or Widower,~~ ^{ Cross out the words not required in this line. }

Occupation,

Birthplace, ^{ State or country (and how long in United States, if of foreign birth.) } Balto Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, ^{ Give street and number. } 150. Gough St

Cause of Death, ^{ First (Primary,) Second (Immediate,) } Cholera Infantum

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cem

Date of Burial, Aug 27" 1877

{ Undertaker, Hughes & Co

{ Place of Business, 65 S. Broadway

Address, Canton

J. R. Kegan

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Hughes & Co

[OVER.]

Board of Health, City of Baltimore,

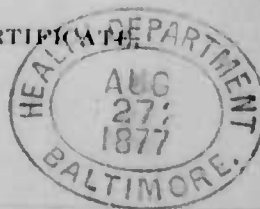
Permit No. 20346

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, Aug 25 - 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Ann Lilly

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 66 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 172 Arlington av

Cause of Death, { First (Primary,) Second (Immediate,) } Bright Disease

Duration of Last Sickness, 10 days in bed

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Aug 27th 1877

Undertaker, Hughes & Co

Place of Business, 530 Fayette st

Address, 23 M. Cullod st

C. H. H. Low M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

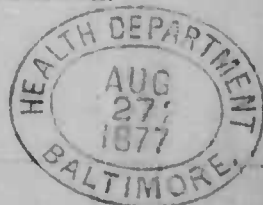
Permit No. 20347

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, Aug 25. 1877

Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents. Louisa Roehner

Sex, ~~Male~~ or Female, Cross out the word not required in this line.

Age, Years, 9. Months, 17. Days.

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, Cross out the words not required in this line.

Occupation,

Birthplace, State or country (and how long in the United States, if of foreign birth.) Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, Give street and number. No 511. W. Lombard St

Cause of Death, First (Primary.) Cholera Infantum
Second (Immediate.) Marasmus.

Duration of Last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery L. C. Horn.

Date of Burial, Aug 27 1877 M. D.

Undertaker, Peter Himmert

Place of Business, 317 Mulberry St Address No. 226 Mulberry St
per G. W. M.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

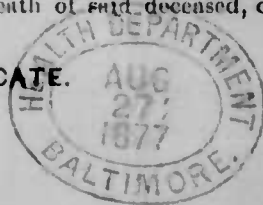
Board of Health, City of Baltimore,

Permit No. 20348

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

Aug 27th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Luke Collins

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age,

White

Years,

Months,

Days.

Color,

Sex,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Balt

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

29 S Frederick St

Cause of Death, { First (Primary,) Second (Immediate,) }

Meningitis

Duration of Last Sickness,

During life

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick's Cem

Date of Burial, Aug 27th 1877

{ Undertaker, J. P. Byrnes

{ Place of Business, W. Front St Address

Wm Whendge M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 20349

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately, out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, Aug 26" 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Minnie McCarthy

Sex, ~~Male~~ or Female, { Cross out the words not required in this line. }

Age, 35 Years, _____ Months, _____ Days

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, none

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Ireland

Duration of Residence in the City of Baltimore, 1 month

Place of Death, { Give street and number. } 17. Fish Market Space

Cause of Death, { First (Primary,) Second (Immediate,) } Consumption

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Hanover Pa

Date of Burial,

{ Undertaker, J. P. Byrne

{ Place of Business, W. Front

J. M. Stewarts M.D. Medical Attendant

Address, Camp 16 A. Resbur

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit No 859

[OVER.]

Board of Health, City of Baltimore,

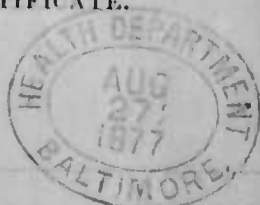
Permit No. 20350

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *August 26, 1877.*
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Elizabeth Rescher*
Sex, *Male or Female*, { Cross out the word not required in this line. }
Age, *34* Years, Months, Days.
Color, *White.*
Married, *Single, Widow or Widower*, { Cross out the words not required in this line. }
Occupation, *House work.*
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Maryland.*
Duration of Residence in the City of Baltimore, *Since birth.*
Place of Death, { Give street and number. } *168 Stirling St.*
Cause of Death, { First (Primary,) *Leucæmia of the liver.*
Second (Immediate,) *Uræmia.* }
Duration of Last Sickness, *Two months.*

All the above information should be furnished by the Physician.

Place of Burial, *St. Alphonsus Cemetery*
Date of Burial, *August 27, 1877*
Undertaker, *Henry E. Webb*
Place of Business, *309 Central Ave.*
Address, *319 N. Central Ave.*
Signature, *George H. Rohrer* M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 20357

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately, out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, Aug 27th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Infant Summers

Sex, ~~Male~~ or Female, { Cross out the words not required in this line. }

Age, Years, Months, 2 Days

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) }

Balto Maryland

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number. }

Eastern Ave 1 door from Bond St

Cause of Death, { First (Primary),
Second (Immediate,) }

Cramps

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemetery

Date of Burial, Aug 27th 1877

{ Undertaker, Wendelin Dippel

{ Place of Business, Bond near Bank

Address,

Thos H. Stenox M.D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by the father Chas Summers

Board of Health, City of Baltimore,

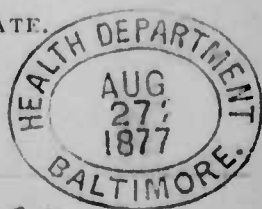
OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 20352

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately, out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Aug 26th 1877

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Marionne Jones

Sex, ~~Male~~ or Female,

{ Cross out the words not required in this line. }

Age,

Years,

4

Months,

Days

Color,

Colored

~~Married~~, Single, ~~Widow~~ or ~~Widower~~,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in United States, if of foreign birth.) }

Balto Md

Duration of Residence in the City of Baltimore,

Lifetime

Place of Death,

{ Give street and number. }

7 Johns Alley

Cause of Death,

{ First (Primary,)
Second (Immediate,) }

Teething

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Laurel Cemetery

Date of Burial,

Aug 27th 1877

{ Undertaker,

Mrs. C. Jordan

{ Place of Business,

Park near Mulberry

Address,

Register

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by the father John Jones

[OVER.]

Permit No. 20353

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Sex, Male or Female,

Cross out the word not required in this line.

Age,

Years,

Months,

Days.

Color,

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

Cause of Death,

First (Primary.)

Second (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

Undertaker,

Place of Business,

M. D.

Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 20354

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, 27. August 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, Years, Months, 24 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Foundling

Duration of Residence in the City of Baltimore, 8 days

Place of Death, { Give street and number. } St. Vincent's Infant Asylum.

Cause of Death, { First (Primary,) Trismus Nascentium. Second (Immediate,) Exhaustion.

Duration of Last Sickness, 12 hours when received

All the above information should be furnished by the Physician.

Place of Burial, Catholic Cemetery

Date of Burial, Aug 28, 1877

Undertaker, Saml Bowen

Place of Business, 153 Division St.

Marbury Brewer M. D. Medical Attendant.

Address 201 W. Middle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 20355

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, 26 Aug. 1877
 Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John
 Sex, Male or Female, { Cross out the word not required in this line. } male
 Age, Years, 4 Weeks Days.
 Color, white
 Married, Single, Widow or Widower, { Cross out the words not required in this line. }
 Occupation,
 Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Foundling
 Duration of Residence in the City of Baltimore, House 2 weeks
 Place of Death, { Give street and number. } St. V. I. Asylum
 Cause of Death, { First (Primary,) Marasmus
 { Second (Immediate,) Hydrocephaloid
 Duration of Last Sickness, when received

All the above information should be furnished by the Physician

Place of Burial, Cathedral Cemetery
 Date of Burial, Aug 28. 1877
 { Undertaker, Saml Bowen
 { Place of Business, 156 Division St.
 { Marbury Brewer M. D. Medical Attendant
 Address 201 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 20356

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 26" 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Infant Mary

Sex, ~~Male~~ or Female, { Cross out the words not required in this line. }

Age, _____ Years, _____ Months, 5 minutes Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in United States, if of foreign birth.) }

Balto Md

Duration of Residence in the City of Baltimore, _____

Life time

Place of Death, { Give street and number. }

65 W. Schroeder St

Cause of Death, { First (Primary,) Second (Immediate,) }

Unknown

Duration of Last Sickness, _____

All the above information should be furnished by the Physician.

Place of Burial, Loudan Park

Date of Burial, Aug 27" 1877

{ Undertaker, J.B. Cook

{ Place of Business, 707 W. Balto St

Address, _____

Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Mrs Sumner mid wife

Permit

20357

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

August 26th 77.

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Mary Faecke

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Age,

5 8.

Years,

4

Months,

11

Days.

Color,

White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Pharitter

Darmstadt.

Duration of Residence in the City of Baltimore,

five years.

Place of Death,

{ Give street and number. }

Cathedral & Oliver

Cause of Death,

{ First (Primary.) }

Heart

Hypertrophy. Heart.

{ Second (Immediate.) }

Anasacra.

Duration of Last Sickness,

One Year

All the above information should be furnished by the Physician.

Place of Burial,

St. Anne's Protestant Episcopal
Church Baltimore Co. Church

Date of Burial,

Corner of Cathedral & Oliver
Street

Lois C. Darn

M. D.

{ Undertaker,

F. Roche

Street

Medical Attendant.

{ Place of Business,

425 Congress Street

Address

226 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said City, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

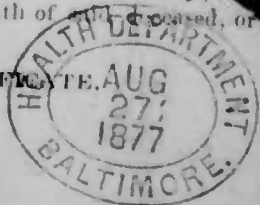
Board of Health, City of Baltimore,

Permit No. 20358

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *Aug 26th*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Archibald Pengoy*

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, *31* Years, *—* Months, *—* Days.

Color, *White*

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, *Car Driver*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Maryland*

Duration of Residence in the City of Baltimore, *Native*

Place of Death, { Give street and number. } *175 Preston St*

Cause of Death, { First (Primary), Second (Immediate). } *Acute Phthisis Pulmonalis*

Duration of Last Sickness, *Three (3) months*

All the above information should be furnished by the Physician.

Place of Burial, *Mount Oliver*

Date of Burial, *August 27, 1877*

Undertaker, *Chas. B. Scriven*

Place of Business, *271. North Eutan.*

Address *192 Pearl St*

W. D. Arthur M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. *26359*

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Aug 26th 1877



Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

John A. Pickett

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *26* Years,

Months,

Days.

Color, *White*

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

*Manufacturer
Baltimore,*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

26 yrs.

Place of Death, { Give street and number. }

334 N. Stricker St.

Cause of Death, { First (Primary,) Second (Immediate,) }

Phthis Pulmonalis

Duration of Last Sickness,

4 mos.

All the above information should be furnished by the Physician.

Place of Burial, *Lynden Park Sem*

Date of Burial, *August 28. 1877*

Eldridge C. Price M. D.
for Edwin C. Price M. D.
Medical Attendant.

{ Undertaker, *Charles Schless*

{ Place of Business *271 N. W. Canton*

Address *212 Madison Ave*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 20360

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

August 26 / 77

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Peter Bonifant

Sex, Male or Female,

Cross out the word not required in this line.

Age,

35

Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Laborer.

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Ireland

Duration of Residence in the City of Baltimore,

15 years.

Place of Death,

Give street and number.

15 E. Madison St.

Cause of Death,

First (Primary.)
Second (Immediate.)

Traumatic Tetanus.

Duration of Last Sickness,

8 Days.

All the above information should be furnished by the Physician.

Place of Burial,

Old Cathedral Cemetery

Date of Burial,

August 27 1877

Undertaker,

James P. Byrne

Place of Business,

No 63 N. Street

Address

137 N. E. Street

Edward P. Andrew M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

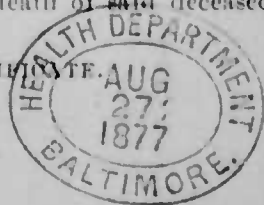
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 20361

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

August 26th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Kate Bergner

Sex, ~~Male~~ or Female,

Cross out the words not required in this line.

Age,

Years,

Months,

5 Weeks

Days

Color,

White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~,

Cross out the words not required in this line.

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) }

Balto Md

Duration of Residence in the City of Baltimore,

Lifetime

Place of Death, { Give street and number. }

14. Paca Court

Cause of Death, { First (Primary), Second (Immediate), }

Cramps

Duration of Last Sickness,

8 days

All the above information should be furnished by the Physician.

Place of Burial,

St Johns Cemetery

Date of Burial,

Aug 27th 1877

{ Undertaker,

Himmer

{ Place of Business,

Mulberry near Fremont Sts

Address,

Register

J. M. A. Stearns M.D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by The Father Herman Bergner

A

F

E

T

Y



F

I

City of Health, City of Baltimore,

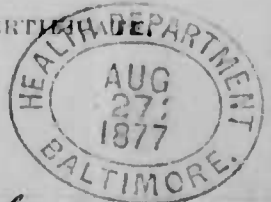
Permit No. 20362

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Aug. 26th 77

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Christopher Whelan

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 24 Years,

Months,

Days.

Color, white.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Single

Occupation,

Grocer

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Ireland

Duration of Residence in the City of Baltimore,

1 year

Place of Death, { Give street and number. }

56 Hillman St.

Cause of Death, { First (Primary,) Second (Immediate,) }

Alcoholism

Duration of Last Sickness,

one week

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, 28 Aug 9 o'clock am

{ Undertaker, George C. Podemayor }

{ Place of Business, 38 E. Eager St. }

Geo. Brooke Boyle M.D.
Medical Attendant.

Address 46 E. Eager St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

K O D A K S

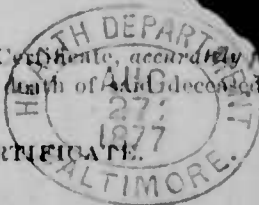
Board of Health, City of Baltimore,

Permit No. 20363

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

August 26 1877

Full Name of Deceased,

Edward Bennett Morgan

Sex, Male or Female, (Cross out the word not required in this line.)

Age,

3

Years,

3

Months,

20

Days.

Color,

White

Married, Single, Widow or Widower, (Cross out the words not required in this line.)

Occupation,

Birthplace, (State or country (and how long in the United States, if of foreign birth.)

Baltimore, City

Duration of Residence in the City of Baltimore,

Life

Place of Death, (Give street and number.)

325 Hanover St

Cause of Death,

First (Primary),
Second (Immediate)

Scarlatina Anginosa

Duration of Last Sickness,

4 days

All the above information should be furnished by the Physician.

Place of Burial,

Mount Olivet

Date of Burial,

Aug 27 1877

Undertaker,

Timothy J. Denny

Place of Business,

263 Legat

Geo. W. Benson M. D.
Medical Attendant.

Address

325 Hanover St
City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

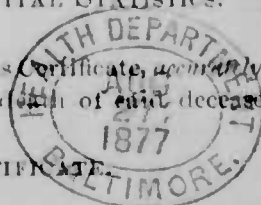
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20344

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

August 26th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Sarah Pinward

Sex, ~~Male~~ Female,

Cross out the words not required in this line.

Age,

3

Years,

Months,

Days

Color,

Colored

~~Married~~, Single, ~~Widow~~ or ~~Widower~~,

Cross out the words not required in this line.

Occupation,

Birthplace,

(State or country (and how long in United States, if of foreign birth.)

Balto Md
Life time

Duration of Residence in the City of Baltimore,

Place of Death,

(Give street and number.)

44 Beach Alley

Cause of Death,

First (Primary.)

Second (Immediate.)

Whooping Cough
all summer

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Laurel Cemetery

Date of Burial,

Aug 28th 1877

Undertaker,

H. Ross

Place of Business,

Cor L. Paca Highway
813

Address,

Camp No. 1

Register

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Georgeanna Parker 44 Beach Alley

[OVER.]

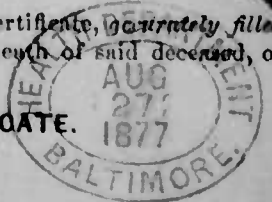
Board of Health, City of Baltimore,

Permit No. 20365

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *carefully filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *27th Aug. 77*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Rebecca L. Allen Townsend*

Sex, Male or Female, { Cross out the word not required in this line. } *female*

Age, *25* Years, *4* Months, *25* Days.

Color, *White* Sex, *female*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *single*

Occupation, *none*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *382 Lafayette St. Balt.*

Duration of Residence in the City of Baltimore, *382 Lafayette St. Balt.*

Place of Death, { Give street and number. } *382 Lafayette St. Balt.*

Cause of Death, { First (Primary,) Second (Immediate.) } *Cholera Infantum*

Duration of Last Sickness, *long days*

All the above information should be furnished by the Physician.

Place of Burial, *Bato Cemetery*

Date of Burial, *Aug 28th 1877*

{ Undertaker, *Peter Kummert*

{ Place of Business, *317 Mulberry St. Balt.*

Address *120 Pearl St. Baltimore*

W. H. Helms M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

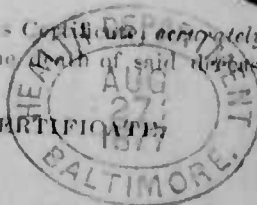
Board of Health, City of Baltimore.

Permit No. 20362

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE



CERTIFICATE OF DEATH.

Date of Death, *Aug 25th. 77.*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Annie May Sluff.*

Sex, Male or Female, { Cross out the word not required in this line. } *Female*

Age, *8* Years, *8* Months, Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore Md.*

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } *248 William St.*

Cause of Death, { First (Primary.) Second (Immediate.) } *Scarletina*

Duration of Last Sickness, *2 days*

All the above information should be furnished by the Physician.

Place of Burial, *Lawden Park.*

Date of Burial, *August 28th.*

{ Undertaker, *B. Hoar*

{ Place of Business, *321 Light Street*

J. E. Harrington M. D. Medical Attendant.

Address *321 Light St.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

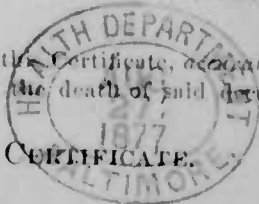
Board of Health, City of Baltimore,

Permit No. 20367

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

Aug 26/77

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Mary E. Jacobus

Sex, Male or Female, { Cross out the word not required in this line. }

Age, one Years,

3 Months,

12 Days.

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Balti City
Life times

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

41 E. Brehm St

Cause of Death, { First (Primary,) Second (Immediate,) }

Rubella, Pertussis,
Gastro Enteritis

Duration of Last Sickness,

four months

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, Aug 27

Undertaker, Fry & Co

Place of Business, 114 E Broadway

W. H. White, M. D.
Medical Attendant.

341 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

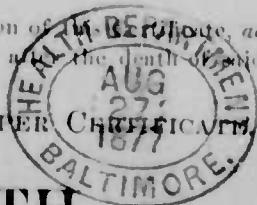
Board of Health, City of Baltimore.

Permit No. 20368

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Permit, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, August 26, 1877
 Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mr. John S. Shadrick
 Sex, Male or Female, { Cross out the word not required in this line. } Male
 Age, Forty one Years, — Months, — Days.
 Color, White
 Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married
 Occupation, Brass Founder
 Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore, Md.
 Duration of Residence in the City of Baltimore, Lifetime
 Place of Death, { Give street and number. } No. 2 South Ann St.
 Cause of Death, { First (Primary,) Bright's disease
 { Second (Immediate,) One month
 Duration of Last Sickness, One month
 All the above information should be furnished by the Physician.
 Place of Burial, Green Mt. Cemetery
 Date of Burial, August 29th 1877
 { Undertaker, Hughes & Co. Address, No. 102 N Broadway
 { Place of Business, 65 S Broadway
 { Medical Attendant, J. H. Hendrickson M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26369

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, August 26th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Henry S Dungan

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 42 Years, Months, Days,

Color, White

Married, Single ~~Widow~~ ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Clerk

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 100 Paca street

Cause of Death, { First (Primary), Second (Immediate), } Chronic Albuminuria

Duration of Last Sickness, Eleven weeks

All the above information should be furnished by the Physician

Place of Burial, Green Mount Cemetery

Date of Burial, Aug 28th 77

Undertaker, 238 Madison Ave

Place of Business, Thos S Hughes Address 143 Mulberry street

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 20370

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, 26th. August, 1877.
 Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ann^y Dotterweich
 Sex, ~~Male~~ Female, { Cross out the word not required in this line. }
 Age, 1 Years, — Months, — Days.
 Color, white
 Married, Single, Widow or Widower, { Cross out the words not required in this line. }
 Occupation,
 Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore City
 Duration of Residence in the City of Baltimore, During lifetime
 Place of Death, { Give street and number. } E. Fayette Street Court No 4.
 Cause of Death, { First (Primary,) } Diphtheritis
 { Second (Immediate,) }
 Duration of Last Sickness, 6 days
 All the above information should be furnished by the Physician.
 Place of Burial, St. Stephens
 Date of Burial, Aug 27th 1877
 { Undertaker, H. Köhler } Address, S. Wolpert. 117.
 { Place of Business, 244 E. Lombard }
 William Hensel M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 20371

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

August 25, 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sarah C. Haynie.

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Female.

Age, 49 Years, 7 Months, 0 Days.

Color,

White.

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Married.

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore.

Duration of Residence in the City of Baltimore,

Life.

Place of Death, { Give street and number. }

93 S. Ann St.

Cause of Death, { First (Primary,) Second (Immediate,) }

Influenza.

Duration of Last Sickness,

5 years.

All the above information should be furnished to the Physician.

Place of Burial,

Balto Cemetery

Date of Burial,

Aug. 28, 1877

{ Undertaker,

Raiger

{ Place of Business,

74 B'way

John F. Powell. M. D.
Medical Attendant.

Address 224 Carrollton Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of vital statistics in the City of Baltimore.

SECTION 2 And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 20372

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, 26th August

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jane Henderson

Sex, Male or Female, { Cross out the words not required in this line. }

Age, 79 Years, Months, Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) } County Tyrone Ireland

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } Greenmount Avenue

Cause of Death, { First (Primary,) Chronic enteritis Old age
Second (Immediate,) Exhaustion

Duration of Last Sickness, About six weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, August 28th

Undertaker, John Rodamyer

Place of Business, Cor Greenmount & Mount St

Wilton A Taylor M. D.
Medical Attendant.

Address, Broadway & N. E. Elderly

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

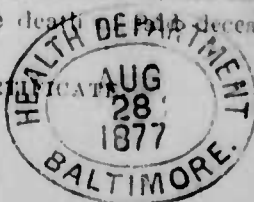
Board of Health, City of Baltimore,

Permit No. 20373

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

August 29,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Charles D. Schuchter

Sex, Male or Female, { Cross out the words not required in this line. }

Age,

Years,

Months,

Days

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

Since Birth

Place of Death, { Give street and number. }

113 McMillan

Cause of Death, {

First (Primary),

Second (Immediate),

Congestion of the Brain

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Mount Olivet

Date of Burial,

Aug 28th 1877

{ Undertaker,

C. F. Krause

{ Place of Business,

209 Y. Anover

Therome Cook M. D.
Medical Attendant.

Address, 146. Hanson St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

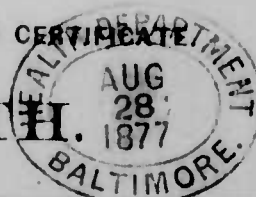
Permit No. 20374

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

CERTIFICATE OF DEATH



Date of Death, *Aug 27th 1877*
 Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Michael Monty Loomis*
 Sex, Male ~~or Female~~, { Cross out the word not required in this line. }
 Age, *5* Years, *2* Months, *13* Days.
 Color, *white* Sex, *Male*

Married, Single, ~~Widow or Widower~~, { No words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Balto*

Duration of Residence in the City of Baltimore, _____

Place of Death, { Give street and number. } *311 E. Biddle*

Cause of Death, { First (Primary,) Second (Immediate,) } *Heart Failure Sudden*

Duration of Last Sickness, _____

All the above information should be furnished by the Physician.

Place of Burial, *Cathedral Ch*

Date of Burial, *Aug 28th 1877*

{ Undertaker, *Henry Hoehn*

{ Place of Business, *809 N. Calvert*

Geo B Reynolds M. D.
 Medical Attendant.

Address *43 N Calvert*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 20375

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years,

Months,

Days.

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

{ Undertaker,

{ Place of Business,

Address

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

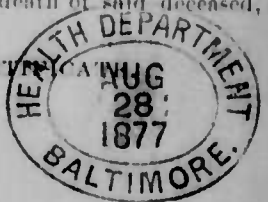
Board of Health, City of Baltimore,

Permit No. 20376

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE



CERTIFICATE OF DEATH.

Date of Death, 27 Aug. 77

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Katie Boreman

Sex, Male or Female, { Cross out the word not required in this line. } fem

Age, — Years, 16 Months, 1 Days.

Color, wht

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, —

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Md

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number. } 323. Cathedral St

Cause of Death, { First (Primary,) Inflammation of Brain
Second (Immediate,) Chol. Infantum }

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 323 Cathedral St

{ Undertaker, F. Pohe }

{ Place of Business, 425 Cross Street }

Chas. Taneyhill M. D.
Medical Attendant.

Address 129 N. Adelaide

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. *20377*

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

August 26th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Catherine Wambach

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Female

Age, *39*

Years,

Months,

14

Days.

Color,

White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Married

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Germany

Duration of Residence in the City of Baltimore,

21 years

Place of Death, { Give street and number. }

No 256 Pleasance st

Cause of Death, { First (Primary,) Second (Immediate,) }

Apoplexy

Duration of Last Sickness,

Sudden death

All the above information should be furnished by the Physician.

Place of Burial,

Mount Carmel Cemetery

Date of Burial,

August 28th

Thomas P. Evans M. D.

Medical Attendant.

Undertaker,

Wm. T. Smith

Place of Business,

No 35 Bank St

Address *No 18 Jackson Place*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2.- And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 20378

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

August 28

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Henry Crispien

Sex, Male or ~~Female~~.

{ Cross out the words not required in this line. }

Age,

11

Years,

10

Months,

19

Days

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

Since Birth

Place of Death,

{ Give street and number. }

535 Light St

Cause of Death,

{ First (Primary.) }

Inflammation of Acute Comm. Ch. M. C.

{ Second (Immediate.) }

Dropsy

Duration of Last Sickness,

2 months

All the above information should be furnished by the Physician.

Place of Burial,

Mount Olivet

Date of Burial,

August 29th

Weldon C. Cook

M. D.

Medical Attendant.

{ Undertaker,

H. H. H. H.

Address,

146. Hancock St

{ Place of Business,

411 Light St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 20379

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER

CERTIFICATE OF DEATH



Date of Death, Monday August 27 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Helen E. Miller

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 12 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, -

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, Three years

Place of Death, { Give street and number. } W. Constitution Monument St

Cause of Death, { First (Primary) Second (Immediate) } Typhoid Fever

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician

Place of Burial, Granston B Co

Date of Burial, Aug 28. 1877

Undertaker, John J. Rodenmayer

Place of Business, Corner Monument and Monument St

Wilmer Dinton M. D. Medical Attendant.

Address # 251 Monument St Baltimore City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

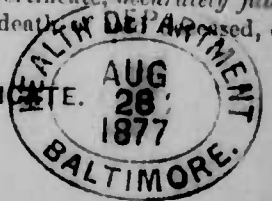
Board of Health, City of Baltimore,

Permit No. 20380

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

August 27, 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Elizanne Smith

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, Years, 4 Months, 9 Days.

Color, White Sex,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

185 Chestnut St.

Cause of Death, { First (Primary), Second (Immediate), }

Alcoholism

Duration of Last Sickness, 1 m 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, August 29th 1877

E. H. Rutledge

M. D.

Medical Attendant.

Undertaker, Wm. H. Vickman

Place of Business, 284 N. Gay St.

Address 151. Asquith St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 20387

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this certificate, *completely filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death, said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

Aug. 27.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Caroline Brown

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

24

Years,

Months,

Days.

Color,

Dark

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

married

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Maryland Montgomery County

Duration of Residence in the City of Baltimore,

one week

Place of Death, { Give street and number. }

114 Stronging St

Cause of Death, { First (Primary.) Second (Immediate.) }

Pulmonary Consumption
Six months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp Cemetery

Date of Burial, Aug 29 1877

J. D. Knight

M. D.

Medical Attendant.

{ Undertaker, H. H. Chase

{ Place of Business, 10 198 Howard St

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No. 20382

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

CERTIFICATE OF DEATH.



Date of Death, 27th August

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Louisa Anderson

Sex, Male or Female, { Cross out the word not required in this line. } ~~Male~~ Female

Age, 48 Years, _____ Months, _____ Days.

Color, Colored

Married, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. } Married

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Calvert County Md.

Duration of Residence in the City of Baltimore, 5 years

Place of Death, { Give street and number. } 115 Harmony Lane

Cause of Death, { First (Primary,) Second (Immediate,) } Cancer of Stomach

Duration of Last Sickness, 9 months

All the above information should be furnished by the Physician.

Place of Burial, Sharp Cemetery

Date of Burial, Aug 29 1877

Undertaker, S. W. Chase

Place of Business, 25 198 Howard

Medical Attendant, A. L. Buddenbom M. D.

Address, 16. Columbia Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

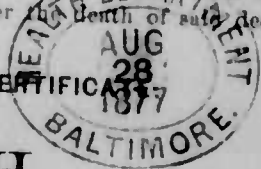
Board of Health, City of Baltimore,

Permit No. 20383

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of such deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE



CERTIFICATE OF DEATH.

Date of Death, August 27, 1877.

Full Name of Deceased, { Write legibly and small correctly. If an infant not named, give names of parents. } Candido Amecocha,

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 48 Years, Months, Days.

Color, White Sex, Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Sea Captain

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Leonis, Spain.

Duration of Residence in the City of Baltimore, 4 months

Place of Death, { Give street and number. } No. 90 Thames St.

Cause of Death, { First (Primary,) Empacted Gall stones, ending in perforation, Second (Immediate,)

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, St Patrick Cem

Date of Burial, Aug 28th 1877 J. M. Sullivan. M. D. Medical Attendant.

{ Undertaker, Chas T Scriven Address 116 Thames St.

{ Place of Business, 271 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

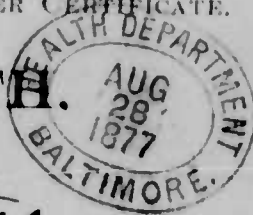
Permit No. 20384

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

August 26th

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

A. Mary Ritter

Sex, Male or Female,

Cross out the word not required in this line.

F

Age,

70

Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

Cross out the words not required in this line.

married

Occupation,

/

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Germany

Duration of Residence in the City of Baltimore,

47 years

Place of Death,

Give street and number.

Point Lane

Cause of Death,

First (Primary.)
Second (Immediate.)

valvular disease of heart

Dropsy

Duration of Last Sickness,

Two years

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore Cemetery

Date of Burial,

Aug 29th

Undertaker,

Geo Schilling

Place of Business,

Ashland Square

J. T. Knight

M. D.

Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 20385

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Aug 27th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

John Peter Wendel

Sex, Male or Female, { Cross out the words not required in this line. }

Age, Years,

Color, White

Months, 10 Weeks Days

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) }

Balto Md

Duration of Residence in the City of Baltimore,

Lifetime

Place of Death, { Give street and number. }

Cor Battery Ave & West St
Whooping Cough

Cause of Death, { First (Primary.)
Second (Immediate.) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Aug 29th 77

Undertaker, B. Harle

Place of Business,

J. August Steiner, M.D.

Address, Cornhill & Rye

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by B. Harle.

[OVER.]

Board of Health, City of Baltimore

Permit No. 20386

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

CERTIFICATE OF DEATH.



Date of Death,

August 26

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Gaston H. H. H.

Sex, Male or Female { Cross out the words not required in this line. }

Age,

Years,

Months,

Days

Color,

Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

Since Birth

Place of Death, { Give street and number. }

Gr. Home St

Cause of Death,

{ First (Primary), }

{ Second (Immediate), }

Paranoia

Duration of Last Sickness,

1 week

All the above information should be furnished by the Physician.

Place of Burial,

Laurel Cemetery

Date of Burial,

August 28th

Undertaker,

J. Davis

Place of Business,

103 Lee St

Theodore Cook M.D.
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No. *20387*

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately, out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *Aug 27th 1877*
 Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *John Thompson*
 Sex, *Male* ~~Female~~, { Cross out the word not required in this line. }
 Age, *50* Years, Months, Days.
 Color, *White*
~~Married~~ Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }
 Occupation, *Machinist*
 Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore*
 Duration of Residence in the City of Baltimore, *during life*
 Place of Death, { Give street and number. } *Union Prot Dispensary*
 Cause of Death, { First (Primary.) Second (Immediate.) } *Chronic Rheumatism*
Heart disease and dropsy
 Duration of Last Sickness, *3 months*

All the above information should be furnished by the Physician.

Place of Burial, *Mount Olivet*
 Date of Burial, *August 28th 1877*
 Undertaker, *Jacob Heaner* Address, *92 Mosher St*
 Place of Business, *No 486 David Lee Avenue*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

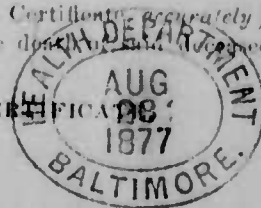
Board of Health, City of Baltimore

Permit No. 21388

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE



CERTIFICATE OF DEATH.

Date of Death, Aug 27 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Annie R. Hollowell

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, Sixty two Years, Months, Days.

Color, White

Married, ~~Single~~, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore

Duration of Residence in the City of Baltimore, Two Years

Place of Death, { Give street and number. } 345 Madison Ave

Cause of Death, { First (Primary,) Second (Immediate,) } Consumption Bronchial

Duration of Last Sickness, Two Years

All the above information should be furnished by the Physician.

Place of Burial, Phil Pa

Date of Burial, Aug 29 1877

Undertaker, Thos Godley

Place of Business, Hanover & Lombard

Thomas Shearer M. D.
Medical Attendant.

Address 97 N. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 860

[OVER.]

Board of Health, City of Baltimore,

Permit No. 20389

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

CERTIFICATE OF DEATH.



Date of Death,

August 27th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Gracy Brose

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

0

Years,

Eleven

Months,

Days.

Color,

Dark -

Sex,

(already mentioned)

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

State St. Balt.

Duration of Residence in the City of Baltimore,

11 months

Place of Death, { Give street and number. }

94 Lyon St

Cause of Death, { First (Primary,) Second (Immediate,) }

Cholera Infantum
Irritation -

Duration of Last Sickness,

6 weeks -

All the above information should be furnished by the Physician.

Place of Burial,

Laurel Cemetery

B. W. Barton

M. D.

Date of Burial,

Aug. 28. 1877

Medical Attendant.

{ Undertaker,

W. J. Gray

Address

117 W. Madison St.

{ Place of Business,

15 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No. 20390

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE



CERTIFICATE OF DEATH.

Date of Death,

August 26th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Geo. W. Carroll

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age, 33 Years,

11 Months,

Days

Color,

Poland

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Married

Occupation,

Brick Moulder

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore Md.

Duration of Residence in the City of Baltimore,

22 years

Place of Death, { Give street and number. }

Hanover St. bet. Barr & Thos Sts.

Cause of Death, { First (Primary,) Second (Immediate,) }

Consumption

Asthma

Sudden

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Sharp

Date of Burial, August 28 1877

R. C. Lee M.D.

Medical Attendant

Undertaker, H. Ross

Place of Business, No 180 West

Address, Hanover Barr Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

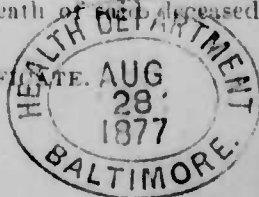
Board of Health, City of Baltimore

Permit No. 20391

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *August 27,*
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *George E. Thomas*
Sex, Male or Female, { Cross out the words not required in this line. }
Age, *1* Years, *5* Months, *—* Days
Color, *Black*
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation,
Birthplace, { State or country (and how long in United States, if of foreign birth.) } *Baltimore*
Duration of Residence in the City of Baltimore, *Since Birth*
Place of Death, { Give street and number. } *74 Goodman's Alley*
Cause of Death, { First (Primary,) Second (Immediate,) } *Pneumonia*
Duration of Last Sickness, *8 days*
All the above information should be furnished by the Physician.
Place of Burial, *Laurel Cemetery*
Date of Burial, *August 28 1877*
{ Undertaker, *Harold Ross* }
{ Place of Business, *No 150 Market* }
Horstond Corbett M.D.
Medical Attendant.
Address, *146 Chambers*

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No. 20392

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, August 27th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John E. Eyerly

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 11 Years, 3 Months, 3 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore Md

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give street and number. } 39 China St

Cause of Death, { First (Primary,) Second (Immediate,) } Dentition & Whooping Cough

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick's Cemetery

Date of Burial, Aug 28th

Undertaker, F. N. Troll

Place of Business, 131 Hanover St

Medical Attendant, O. A. Cooke M. D.

Address, On Lee & Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No. 211393.

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, Aug 27th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Jackson Sheiry

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 56 Years, — Months, — Days.

Color, white

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Superintendent of Court House

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Pennsylvania

Duration of Residence in the City of Baltimore, 20 years —

Place of Death, { Give street and number. } 218 German St

Cause of Death, { First (Primary,) Bright's disease of kidneys
Second (Immediate,) }

Duration of Last Sickness, About two years —

All the above information should be furnished by the Physician.

Place of Burial, St Peter's

Date of Burial, Aug 29

Undertaker, J. B. Blackiston

Place of Business, 606 Batt St

Address, 279. W Lomb

Edw. J. Nicholson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

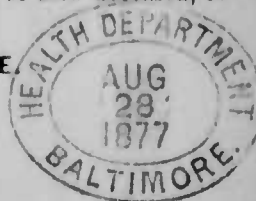
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 20394

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, 28th Aug 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Maria Barbara Peters

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 28 Years, Months, 25 Days.

Color, White Sex, Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Millshire Van Wert Co Ohio.

Duration of Residence in the City of Baltimore, Nearly 3 years.

Place of Death, { Give street and number. } No 269 Cross St.

Cause of Death, { First (Primary,) Second (Immediate,) } Phthisis ~~Heu~~ Exhaustion

Duration of Last Sickness, About one year.

All the above information should be furnished by the Physician.

Place of Burial, Druidhill Cemetery

Date of Burial, August 30th 1877.

{ Undertaker, Adam Weidemeyer
Place of Business, 518th W. Baltimore St.

Charles A Geiger. M. D.
Medical Attendant.

Address No 267 Druid Hill Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

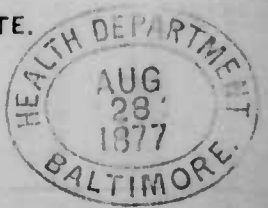
OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 203957

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *August 27th 1877*

Full Name of Deceased, { Write legibly and well correctly. If an infant not named, give names of parents. } *Catherine Thomas*

Sex, Male or Female, { Cross out the word not required in this line. } *Female*

Age, *Twenty two (22)* years, Months, Days.

Color, *White* Sex, *Widow*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Germany*

Duration of Residence in the City of Baltimore, *Twenty two (22) years*

Place of Death, { Give street and number. } *No 33 Myrtle St.*

Cause of Death, { First (Primary,) Second (Immediate,) } *Old Age*
Natural Causes

Duration of Last Sickness, _____

All the above information should be furnished by the Physician.

Place of Burial, *Leidhill Cemetery*

Date of Burial, *August 29th 1877*

{ Undertaker, *Adam Weidemeyer*
Place of Business, *578 1/2 W. Baltimore Str.*

Irvin D. Blake M. D.
Medical Attendant.

Address *14 S. Calhoun St.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

City of Health, City of Baltimore

Permit No. 20396

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, Aug 27th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ann Carlin

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, 84 Years, Months, Days.

Color, White

Married, ~~Single~~, Widow or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Ireland

Duration of Residence in the City of Baltimore, 27 Years

Place of Death, { Give street and number. } 126 S Green St

Cause of Death, { First (Primary,) Old Age
Second (Immediate,) General debility }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peter's Cemetery

Date of Burial, Aug 29th 1877

Undertaker, John Stuecher

Place of Business, 150 Camden

Address, 76 S Paca St

M. D. J. H. B. M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No. 20397

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *Aug 27. 77*

Full Name of Deceased, *Mathew Grier* { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, *Male* or Female, { Cross out the word not required in this line. }

Age, *18* Years, *3* Months, *7* Days.

Color, *W*

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, *Submarine*

Birthplace, *Balto* { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore, *387 S. Charles*

Place of Death, *387 S. Charles* { Give street and number. }

Cause of Death, *Typhoid fever* { First (Primary,) Second (Immediate,) }

Duration of Last Sickness, *14 days*

All the above information should be furnished by the Physician.

Place of Burial, *Balk Cemetery*

Date of Burial, *Aug 29th 1877*

{ Undertaker, *Wm. J. Denny* Address _____

{ Place of Business, *263 Light St*

J. H. Denny M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 20398

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, August 28th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Clarence Emory

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 8 Years, 6 Months, Days.

Color, Black Sex, Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, 2 yrs.

Place of Death, { Give street and number. } No. 7 Bethel Row

Cause of Death, { First (Primary,) Scrofula (Caries of spine, & consequent Bright's Disease, with Lung complication) Second (Immediate,) Asthenia

Duration of Last Sickness, about 14 months

All the above information should be furnished by the Physician.

Place of Burial, Calverville Md Eugene F. Cordell M. D.

Date of Burial, Sept 29 1877 Medical Attendant.

Undertaker, Frank Emory Address 125 N. Charles St.

Place of Business, 7 Bethel Row

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Transit 861

Board of Health, City of Baltimore,

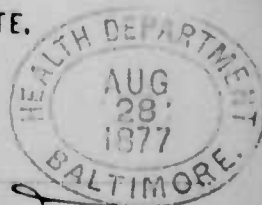
OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. *20399*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *Aug 27th*

Full Name of Deceased, *James Wilson Moore,*

Sex, Male *or* Female, *Male*

Age, *1* Years, *5* Months, *10* Days.

Color, *White,*

Married, Single, Widow or Widower, *Single*

Occupation,

Birthplace, *Baltimore, Md.*

Duration of Residence in the City of Baltimore, *all his life.*

Place of Death, *50 North St.*

Cause of Death, *Scarlatina Maligna,*

Duration of Last Sickness, *7 days.*

All the above information should be furnished by the Physician

Place of Burial, *Western Cemetery*

Date of Burial, *August 29th*

Undertaker, *Henry Miller*

Place of Business, *Annetta St 81*

Address

John R. Meyer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No. 20490

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

August 27th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Robert Smith

Sex, Male or Female,

Cross out the word not required in this line.

Male

Age,

one Year

4 Months,

Days.

Color,

Light Copper

Married, Single, Widowed or Widower,

Cross out the words not required in this line.

Single

Occupation,

None

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore

Duration of Residence in the City of Baltimore,

14 months

Place of Death,

Give street and number.

No 48 Sarah Ann St

Cause of Death,

First (Primary.)

Second (Immediate.)

Cholera Infantum

Strachmit

Duration of Last Sickness,

Two weeks

All the above information should be furnished by the Physician.

Place of Burial,

Lowell Cemetery

Date of Burial,

Aug 28. 1877

Undertaker,

John P. Borth

Place of Business,

No 65 Park St

B F Borth

M. D.

Medical Attendant.

Address

Cor Dolphin & Bap

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

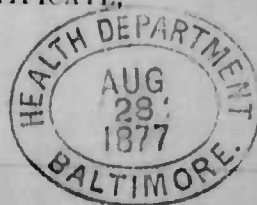
Permit No. **20401**

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Aug 27th 3:30 A.M.

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Willie Beller

Sex, Male ~~or Female~~,

Cross out the word not required in this line.

Age,

Years,

13

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

Cross out the word not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

13 1/2 S. Howard St.

Cause of Death,

First (Primary.)

Second (Immediate.)

Meningitis

Five days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

St. Vincent's Cemetery

Date of Burial,

August 28 1877

Undertaker,

James P. Home

Place of Business,

116 3 N. Front St.

A. Regan

M. D.

Medical Attendant.

Address *11 S. High St.*

D. H. P. Bates, Consulting Physician

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

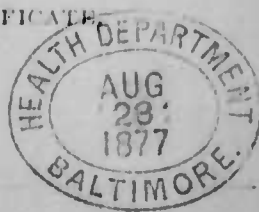
Permit No. 20402

OFFICE OF REGISTRAR OF VITALS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Aug. 27th 77
Thos. Gaffney

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male ~~Female~~, { Cross out the word not required in this line. }

Age, 65 Years, Months, Days.

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. }

Married

Occupation,

Tailor

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Ireland

Duration of Residence in the City of Baltimore,

30 years

Place of Death, { Give street and number. }

256 Greenmount Ave.

Cause of Death, { First (Primary,) Second (Immediate,) }

Dysentery

Duration of Last Sickness,

3 weeks

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, August 29 1877

{ Undertaker, James D. Byrne

{ Place of Business, No 63 N Front St

Geo. Brooke Boyle M. D.
Medical Attendant.

Address 166 E. Eager St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

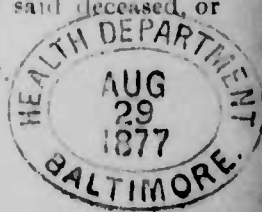
Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 20403

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *August 28th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *James Cary Williams*

Sex, Male or Female, { Cross out the words not required in this line. }

Age, *18* Years, *7* Months, Days

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, *Bread & Cracker Baker*

Birthplace, { State or country (and how long in United States, if of foreign birth.) } *Baltimore City*

Duration of Residence in the City of Baltimore, *see his life*

Place of Death, { Give street and number. } *175 E. Pratt St.*

Cause of Death, { First (Primary,) *Remedy, Yersinia, pneumonia*
Second (Immediate,) *Exhaustion, and internal hemorrhage* }

Duration of Last Sickness, *39 days*

All the above information should be furnished by the Physician.

Place of Burial, *Western Cemetery*

Date of Burial, *Aug 29/77*

Undertaker, *Fry & Bro*

Place of Business, *374 N Broadway*

Address, *121 E. Pratt St.*

H. P. Ridgway, M. D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No. 2047027

OFFICE OF REGISTRAR OF VITAL STATE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE



CERTIFICATE OF DEATH.

Date of Death, August 28th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the words not
required in this line. }

Age, 1 Years, 3 Months, 4 Days

Color,

Married, Single, Widow or Widower, { Cross out the words not
required in this line.

Occupation,

Birthplace, { State or country (and how
long in United States, if
of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and }
number. }

Cause of Death, { First (Primary,)
 { Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, *Lawden Park, N. York.*

Date of Burial, Aug 29th 1877

(Undertaker, *Julius Kacheler*)

Place of Business, *do Market Street*

Address, 106. Cambridge,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 20405

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

Aug. 29 1877

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Edw. Felder

Sex, Male or Female

Cross out the word not required in this line.

Age,

Years,

8 Months,

Days.

Color,

white

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Balt. Md.

Duration of Residence in the City of Baltimore,

since birth

Place of Death,

Give street and number.

243 S. Duham St.

Cause of Death,

First (Primary),

Second (Immediate),

Pertussis

convulsions

fourteen days

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial,

St Paul's Cemetery

Date of Burial,

Aug 29 1877

Undertaker,

Henry Gander

Place of Business,

25 E. Canton St.

Address

Balt. & Annapolis

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITALS

Permit No. 20406

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE



CERTIFICATE OF DEATH.

Date of Death,

August 28th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Wm H Rob

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age, Two Years,

2

Months,

Days.

Color,

Dark brown

Married, Single, Widowed or Widower, { Cross out the words not required in this line. }

Single

Occupation,

None

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

Two years & two months

Place of Death, { Give street and number. }

No 9 Wilkes Alley

Cause of Death, { First (Primary,) Second (Immediate,) }

Whooping Cough
Convulsions

Duration of Last Sickness,

Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery,

Date of Burial, Aug 29 1877

{ Undertaker, Chenoweth & Co

{ Place of Business, 341 Park Ave

D F Bohrer

M. D.

Medical Attendant.

Address Cor Solphie & Rob

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

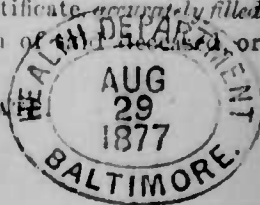
Board of Health, City of Baltimore,

Permit No. 20407

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of *the deceased*, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE



CERTIFICATE OF DEATH.

Date of Death,

Sept 28 1877

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Jane & James Wilson

Sex, ~~Male~~ Female,

{ Cross out the words not required in this line. }

(Parents)

Age,

Years,

Months,

2

Days

Color,

Col'd

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in United States, if of foreign birth.) }

Balt City

Duration of Residence in the City of Baltimore,

Life

Place of Death,

{ Give street and number. }

Cor Dallas & Bank Sts

Cause of Death,

{ First (Primary), }

Premature Birth (7 mos)

{ Second (Immediate), }

Asphyxia

Duration of Last Sickness,

Life

All the above information should be furnished by the Physician.

Place of Burial,

Dallas St. Cemetery

Date of Burial,

Sept 29 1877

Undertaker,

Geo C. Jones

Place of Business,

162 Dallas St

Address,

Comm of Health

J. B. Rogers

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by *Leas Walker* [over] *Madwife*

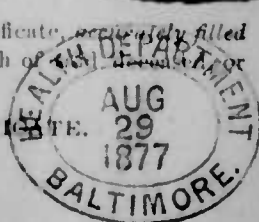
Board of Health, City of Baltimore

Permit No. 20408

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ^{correctly filled out,} to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of ^{the deceased} ~~the~~ ^{deceased}, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

August 28th 1877.

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Mary Louisa Myers.

Sex, ~~Male~~ Female,

{ Cross out the word not required in this line. }

Age,

27

Years,

6

Months,

Days.

Color,

White.

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Baltimore City.

Duration of Residence in the City of Baltimore,

27 years.

Place of Death,

{ Give street and number. }

25 Lee St.

Cause of Death,

{ First (Primary), }

{ Second (Immediate), }

Exposure -

Pneumonia Pulmonalis

Duration of Last Sickness,

Five Months -

All the above information should be furnished by the Physician.

Place of Burial,

Wesleyan Cemetery

Date of Burial,

Aug 29th 1877

Undertaker,

Wm. H. & Co.

Place of Business,

263 Feght

W. A. Reed

M. D.

Medical Attendant.

Address 161 So Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 20409

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

August 28

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Edith L. Gilbert

Sex, ~~Male~~ or Female,

{ Cross out the words not required in this line. }

Age,

Years,

03

Months,

17

Days

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

Since

Place of Death,

{ Give street and number. }

409 Light Street

Cause of Death,

{ First (Primary), }

{ Second (Immediate), }

Chorea Infantum

Duration of Last Sickness,

1 month

All the above information should be furnished by the Physician.

Place of Burial,

Mount Olivet

Date of Burial,

August 30, 1877

{ Undertaker,

Wm. H. & S. W.

{ Place of Business,

146 E. Broadway

Address,

146 E. Broadway

Thirsdon Costa M.D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 20410

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *August 28th 1877.*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Mary Eichenbrod*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } *Female*

Age, *59* Years, *10* Months, *11* Days.

Color, *White* Sex, *Female*

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, *House-wife*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Germany*

Duration of Residence in the City of Baltimore, *26 years*

Place of Death, { Give street and number. } *255 N. Ann*

Cause of Death, { First (Primary,) Second (Immediate.) } *Apoplexy*
Paralysis & Asthenia

Duration of Last Sickness, *Several months*

All the above information should be furnished by the Physician.

Place of Burial, *Baltimore Cem.*

Date of Burial, *Aug 31, 1877.* *D. Webster Cathell* M. D.
Medical Attendant.

{ Undertaker, *J. H. Hoffman* Address *2 N Broadway*

{ Place of Business, *63 N. E. St.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 20411,

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *carefully filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of *the* deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *Aug 28 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Susana Mitchell*

Sex, ~~Male~~ or Female, { Cross out the words not required in this line. }

Age, *28* Years, _____ Months, _____ Days

Color, *Col*

Married, ~~Single, Widowed, Divorced~~, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in United States, if of foreign birth.) } *Baltimore City*

Duration of Residence in the City of Baltimore, *Life*

Place of Death, { Give street and number. } *Union Street*

Cause of Death, { First (Primary,) *Cold from Exposure*
Second (Immediate,) *Consumption* }

Duration of Last Sickness, *one year*

All the above information should be furnished by the Physician.

Place of Burial, *Lacered Cemetery*

Date of Burial, *Aug 29 1877*

{ Undertaker, *H. H. Bishop* Address, *Commissioner of Health*
Place of Business, *South Hill* Registrar }

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by James Muter per Brother (OVER)

Board of Health, City of Baltimore

Permit No. 20482

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE



CERTIFICATE OF DEATH.

Date of Death,

Aug. 28th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Elizabeth Densbier

Sex, ~~Male~~ Female,

(Cross out the word not required in this line.)

Age,

35 Years,

9 Months,

Days.

Color,

white

Married, ~~Single~~ Widow or Widower,

(Cross out the word not required in this line.)

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Germany

Duration of Residence in the City of Baltimore,

Twenty years.

Place of Death,

Give street and number.

171 S. Bethel St.

Cause of Death,

First (Primary.)

Second (Immediate.)

Colic

Enteritis

Duration of Last Sickness,

One Day

All the above information should be furnished by the Physician

Place of Burial,

Paulus Cemetery

Date of Burial,

Aug 30th

Aug. F. Esich

M. D.

Medical Attendant.

Undertaker,

Emanuel Claas.

Place of Business,

S. Bethel St 169.

Address

94 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

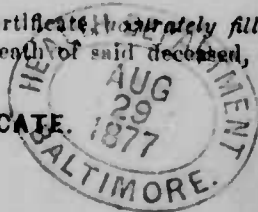
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 20413,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *August twenty 29.* 7.50 a m.

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give name of parents. *Herman Adolard Brecht*

Sex, Male or Female, Cross out the word not required in this line.

Age, *3* Years, *7* Months, *1* Days.

Color, *white* Sex, *male*

Married, Single, ~~Widow~~ or ~~Widower~~, Cross out the words not required in this line.

Occupation, *0*

Birthplace, State or country (and how long in the United States, if of foreign birth.) *N. 2 White st*

Duration of Residence in the City of Baltimore, *3* years.

Place of Death, Give street and number. *No 2 White*

Cause of Death, First (Primary), *Croup* Second (Immediate), *Croup*

Duration of Last Sickness, *3 days.*

All the above information should be furnished by the Physician.

Place of Burial *Linden Park Cemetery*

Date of Burial, *August 30th*

John D. Litter

M. D.

Medical Attendant.

Undertaker, *C. Wiegand*

Place of Business, *53 South Hill Ave*

Address *77. Nord Endre*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

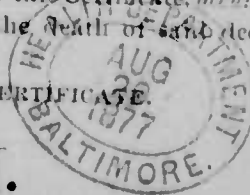
Board of Health, City of Baltimore,

Permit No. 20414

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

August 29 1877

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Samuel Schaeffer

Sex, Male or Female,

Cross out the words not required in this line.

Age,

Years,

Months,

Days

Color,

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in United States, if of foreign birth.)

Baltimore

Duration of Residence in the City of Baltimore,

Life

Place of Death,

Give street and number.

107 Lemon St

Cause of Death,

First (Primary.)

Second (Immediate.)

Erysipelas

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore Cemetery

Date of Burial,

Sept 30 1877

Undertaker,

J. W. Cook

Place of Business,

Baltimore

Address,

Commissioner of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Mrs E. Miller McDevine

Board of Health, City of Baltimore,

Permit No. 204157

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *August 29, 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Edgar Henry McConder*

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *17* Years, *7* Months, *13* Days.

Color, *White* Sex, *Male*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, *Drach*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Drach*

Duration of Residence in the City of Baltimore, *10 years*

Place of Death, { Give street and number. } *1111 E. Lombard St.*

Cause of Death, { First (Primary,) Second (Immediate,) } *Cholera Infantum*

Duration of Last Sickness, *3 months*

All the above information should be furnished by the Physician.

Place of Burial, *Lincoln Park Cemetery*

Date of Burial, *May 30* M. D.

{ Undertaker, *J. B. Cook* Medical Attendant, *W. H. ...*

{ Place of Business, *407 West Baltimore* Address, *1111 E. Lombard St.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

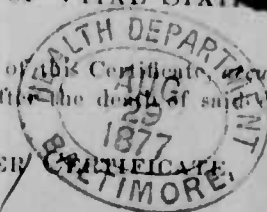
Board of Health, City of Baltimore

Permit No. *20416*

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER



CERTIFICATE OF DEATH.

Date of Death,

Aug 29th, 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Martha A. Duwall

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

17

Years,

White

Months,

8

Days.

Color,

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Howard Co.

Duration of Residence in the City of Baltimore,

4 years

Place of Death, { Give street and number. }

*84 S. Carey St.
Typhoid Fever*

Cause of Death, { First (Primary.)
Second (Immediate.) }

Duration of Last Sickness,

22 days

All the above information should be furnished by the Physician.

Place of Burial, *Mount Olivet Cemetery*

Date of Burial, *August 30*

E. C. Price & Son ~~M.D.~~
Medical Attendant.

{ Undertaker, *J. B. Cook*

{ Place of Business, *407 West Baltimore*

Address

262 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

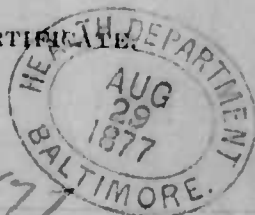
Permit No. 20417

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, August 27th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm H Bailey

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Seven Years, Months, Days.

Color, Colored

Married, Single, Widowed or Widower, { Cross out the words not required in this line. } Single

Occupation, Nothing

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore City Maryland

Duration of Residence in the City of Baltimore, Continued

Place of Death, { Give street and number. } No 67, Church St

Cause of Death, { First (Primary,) Cerebro Spinal Meningitis
Second (Immediate,) Renal congestion

Duration of Last Sickness, Four Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 29th

{ Undertaker, H. Z. Miller, 203 S. W. St
Place of Business, 18 W. St

J. D. Dyer M. D. Medical Attendant.
No 146 Hill St
Baltimore Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No. *20418*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Aug 29th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Charles R Lee

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age,

3 Years,

3 Months,

4 Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore since birth

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

371 William

Cause of Death, { First (Primary,) Second (Immediate,) }

Diphtheritic Croup

Duration of Last Sickness,

All the above information should be furnished by the Physician.

3 days

Place of Burial, *Loudon Park*

Date of Burial, *Aug 31st 77*

{ Undertaker, *Frederick & Denny*

{ Place of Business, *No 2032 Light*

Address *108 S. Sharp St*

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

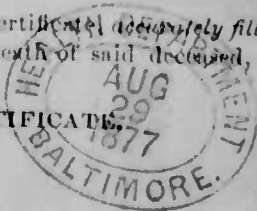
Board of Health, City of Baltimore

Permit No. 20419

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE



CERTIFICATE OF DEATH.

Date of Death,

August 29. 1877
Grace Parrott

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

~~Sex, Male or Female,~~ { Cross out the word not required in this line. }

Age, Years,

Months, 9 Days.

Color,

White

~~Married, Single, Widow or Widower,~~ { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore city
Life time

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

No. 74

Rollington Ave.

Cause of Death, { First (Primary),
Second (Immediate), }

Cerebral congestion
Half hour

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, August 30th 1877

John D. Fisher M. D.
Medical Attendant.

{ Undertaker, Hughes & Co

{ Place of Business, 65 S Broadway

Address No. 370 E. Pratt-st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

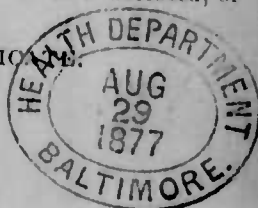
Board of Health, City of Baltimore

Permit No. 20420

OFFICE OF REGISTRAR OF VITALS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *August 28th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Henrietta Conrad*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *63* Years, _____ Months, _____ Days.

Color, *White*

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Kingdom of Hanover, Germany*

Duration of Residence in the City of Baltimore, *Five years*

Place of Death, { Give street and number. } *Mulberry St, near Myrtle Ave*

Cause of Death, { First (Primary,) Second (Immediate,) } *Consumption*

Duration of Last Sickness, *Two years*

All the above information should be furnished by the Physician.

Place of Burial, *Baltimore Cemetery*

Date of Burial, *29 Aug*

Undertaker, *Hammer*

Place of Business, *317 Mulberry St*

Address, *Dr. C. Fayette Calhoun*

W. C. Register M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. *20421*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Aug 29th

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

John Fletcher

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

33

Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Laborer

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Ireland

Duration of Residence in the City of Baltimore,

13 yrs.

Place of Death,

{ Give street and number. }

165' Woodrow

Cause of Death,

{ First (Primary.) }

{ Second (Immediate.) }

Probably Heart disease as he was found dead in bed.

Duration of Last Sickness,

Sudden death

All the above information should be furnished by the Physician.

Place of Burial,

Cathedral Cemetery

Date of Burial,

August 30 1877

Undertaker,

James P. Byrne

Place of Business,

229 N. Front St

Address

229 Cary St.

Geo. C. Ogle M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 20422

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, Aug 28th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Barbary Ellen Down's

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 2 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Locust Point. Balto City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } Cookie St. No. 224. S. Point.

Cause of Death, { First (Primary,) Second (Immediate,) } Cholera Infantum

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, August 30th 1877

Undertaker, H. M. Gilmeier

Place of Business, 341 Canton St.

Address

E. W. Lanney. M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 21423.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said person, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH

Date of Death,

August 29th 1877
Henry Sherwin

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, fifty Years, five Months, Days.

Color, Col Sex, Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Sailor
Virginia

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

thirteen years
No 6 Rigely Court

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,)

inflammation of bowels
five days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 30.

J. V. Shultz M. D.
Medical Attendant.

{ Undertaker, Geo. C. Board

{ Place of Business, 18. W. 3 St Address 206 S. Euter St
Balt. city

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

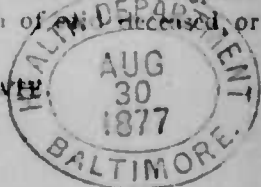
Board of Health, City of Baltimore,

Permit No. 20444

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of *deceased*, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *Aug 29 1877*

Full Name of Deceased, *George Thomas*

Sex, *Male* ~~Female~~ *Male*

Age, *2* Years, *2* Months, *2* Days

Color, *Red*

Married, Single, Widow or Widower, *Single*

Occupation,

Birthplace, *Balt City*

Duration of Residence in the City of Baltimore, *Life*

Place of Death, *6 Mason Alley*

Cause of Death, *Chol Infantum*

Duration of Last Sickness, *all its life*

All the above information should be furnished by the Physician.

Place of Burial, *Second Cemetery*

Date of Burial, *Sept 30 1877*

Undertaker, *S. W. Chase*

Place of Business, *Howard St*

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by S. W. Chase Undertaker

Board of Health, City of Baltimore,

Permit No. 20425

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

29th. August 1877

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Maggie Dotterweich

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Age,

4

Years,

Months,

Days.

Color,

white

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Baltimore City

Duration of Residence in the City of Baltimore,

during lifetime

Place of Death,

{ Give street and number. }

E. Fayette Street, Court No 4

Cause of Death,

{ First (Primary),
Second (Immediate), }

Diphtheria

Exhaustion 14 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

St. Andrew's Cemetery

Date of Burial,

Aug 30th 1877

{ Undertaker,

Frederic J. Locks

{ Place of Business,

St. Jefferson st

William H. H. H. H.

M. D.

Medical Attendant.

Address

S. W. H. H. H.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 20426

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

Aug. 29th 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Estma Riley

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

Years,

2. Months,

9 Days.

Color,

white

~~Married~~ Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore City.

Duration of Residence in the City of Baltimore,

Since birth.

Place of Death, { Give street and number. }

123 Enoch St.

Cause of Death,

{ First (Primary).
Second (Immediate). }

Pertussis.

Convulsions.

Duration of Last Sickness,

Three weeks.

All the above information should be furnished by the Physician

Place of Burial, Mt Olivet Cemetery

Date of Burial, August 31st 1877

{ Undertaker, George Shilling

{ Place of Business, C. August Monument Co

Aug. F. Esick M. D.
Medical Attendant.

Address 94 S. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

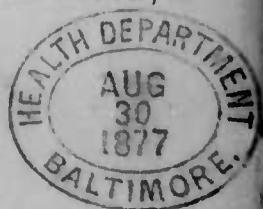
Board of Health, City of Baltimore,

Permit No. 20427

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, August 29th 1877 -
 Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Graham
 Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female
 Age, one Years, three Months, Days.
 Color, white - Sex, Female
 Married, Single, ~~Widow~~ or ~~Widower~~ { Cross out the words not required in this line. }
 Occupation,
 Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore Md
 Duration of Residence in the City of Baltimore, Life
 Place of Death, { Give street and number. } 60 Woodyear Street -
 Cause of Death, { First (Primary,) Diphtheria
 { Second (Immediate.)
 Duration of Last Sickness, Four days -
 All the above information should be furnished by the Physician.
 Place of Burial, St. Peters Cemetery Thomas Opie M. D.
 Date of Burial, Aug 30 1877 Medical Attendant.
 { Undertaker, John Maccher
 { Place of Business, No 150 Convent St, Address 396 W. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 20428

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

CERTIFICATE OF DEATH.



Date of Death, Aug 29th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Edward Wyatt Blanchard

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 48 Years, 6 Months, Days.

Color, White Sex, male

Married, Single, Widowed or Widower, { Cross out the words not required in this line. }

Occupation, Lawyer

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Annapolis

Duration of Residence in the City of Baltimore, about 42 years

Place of Death, { Give street and number. } 1800 1/2 Chase Street

Cause of Death, { First (Primary,) Second (Immediate,) } Heart about 2 months ago & apoplexy

Duration of Last Sickness, only a few hours

All the above information should be furnished by the Physician.

Place of Burial, St. Paul's Cemetery C. B. E. Amble M. D.

Date of Burial, Aug 31st 1877 Medical Attendant.

{ Undertaker, H. N. Jenkins Jan Address 40 Richmond St

{ Place of Business, 16 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *20429*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said *deceased*, of
sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *Aug 29th 1877.*

Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents. *Ella Lane*

Sex, *Male or Female*, Cross out the words not required in this line.

Age, *Years*, *11* Months, *5* Days

Color, *White*

Married, Single, Widow or Widower, Cross out the words not required in this line.

Occupation,

Birthplace, State or country (and how long in United States, if of foreign birth.) *Baltimore, Md.*

Duration of Residence in the City of Baltimore, *All her life*

Place of Death, Give street and number. *No. 5. Pear Alley. Bet Union & Preston St.*

Cause of Death, First (Primary),
Second (Immediate), *Inflammation of Brain*

Duration of Last Sickness, *about 10 days*

All the above information should be furnished by the Physician.

Place of Burial, *Creston Cemetery*

Date of Burial, *August the 30*

Undertaker, *Geo Saffron*

Place of Business, *Room at 121*

Hummer T. Fox M. D.
Medical Attendant.

Address, *S.E. cor. Greene & Mulberry.*
Baltimore

Extract from Regulations of the Board of Health to secure a full and correct Record of
Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

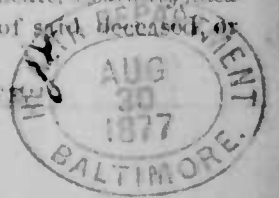
Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20430

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said Deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

August 29th 1877

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Joseph Jerome Schulle

Sex, Male or Female,

{ Cross out the words not required in this line. }

Age,

Years,

White 7

Months,

9

Days

Color,

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

none

Birthplace,

{ State or country (and how long in United States, if of foreign birth.) }

337 Harford St.

Duration of Residence in the City of Baltimore,

all life

Place of Death,

{ Give street and number. }

337 Harford St.

Cause of Death,

{ First (Primary),
Second (Immediate), }

meningitis

about

Duration of Last Sickness,

about 2 weeks

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

August 31, 1877

{ Undertaker,

{ Place of Business,

Henry Heald
309 Central Ave

Geo. H. Wason

M. D.

Medical Attendant.

Address,

18 Diezith

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 20431

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Aug 29 77
Elizabeth Glaeser

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 3 Years,

8 Months,

21 Days.

Color,

W

Married, ~~Single, Widowed or Widower~~ { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Germany

Duration of Residence in the City of Baltimore,

10 years

Place of Death, { Give street and number. }

192 S. Eutaw

Cause of Death, { First (Primary.)
Second (Immediate.) }

Sarcoma - ovarian

Duration of Last Sickness,

5 months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, Aug 31 st

J. L. M. D.
Medical Attendant.

{ Undertaker, Wm. J. T. Kner
Place of Business, 65 S. Eutaw } Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20432

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

August 28th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Georgiana M. McCoubrey

Sex, Male or Female,

Cross out the word not required in this line.

Female

Age,

Years,

2

Months,

23

Days.

Color,

White

Sex,

Female

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Single

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore City

Duration of Residence in the City of Baltimore,

Entire life-time.

Place of Death,

Give street and number.

46 S Eden St

Cause of Death,

First (Primary),

Pertussis

Second (Immediate),

Convulsions

Duration of Last Sickness,

Almost from birth.

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore Cemetery

Date of Burial,

Aug. 30. 1877

Undertaker,

M. A. Dwyer

Place of Business,

74 S Broadway

D. Webster Cathell

M. D.

Medical Attendant.

Address 2 N Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 20433,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, Aug. 29th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Geo. S. Lickay Jr.

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 47 Years, 4 Months, Days.

Color, W-

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Merchant

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Balt.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 232 Druid Hill Ave.

Cause of Death, { First (Primary,) Second (Immediate,) } Cirrhosis of Liver Exhaustion

Duration of Last Sickness, About 4 mrs.

All the above information should be furnished by the Physician

Place of Burial, Green mount Cem Wm F. Lockwood

Date of Burial, Aug 31 M. D.

{ Undertaker, C. W. Plizzard Medical Attendant.

{ Place of Business, 281 Pen av Address 36 Saratoga St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 20434

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

August 29th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Wm. Alfred Gugler

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age,

Years,

Three

Months,

18

Days.

Color,

White

Sex,

Infant

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Balt. City

Duration of Residence in the City of Baltimore,

All life

Place of Death, { Give street and number. }

504 Pennsylvania Ave.

Cause of Death, { First (Primary,) Second (Immediate,) }

Inanition

Duration of Last Sickness,

Two months & a half

All the above information should be furnished by the Physician.

Place of Burial, St. Peter's cemetery

Date of Burial, Aug 30th 1877

Undertaker, Chenoweth & Co

Place of Business, 341 Pa ave

J. M. Christian M. D.
Medical Attendant

Address 431 Penna. Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

K

Board of Health, City of Baltimore,

Permit No. *20435*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Aug 29 77

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Henrietta Locke

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

4 Years,

3 Months,

2 1 Days.

Color,

W.

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Germany

Duration of Residence in the City of Baltimore,

18 years

Place of Death, { Give street and number. }

326 S. Charles

Cause of Death, { First (Primary,) Second (Immediate,) }

Enteritis

Duration of Last Sickness,

10 days

All the above information should be furnished by the Physician.

Place of Burial, *Landow Park Cemetery*

Date of Burial, *Aug 31 01*

D. S. Sharp M. D.
Medical Attendant.

Undertaker, *F. W. Toll*

Place of Business, *131 Hanover St*

Address *134 S. Sharp St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 20436

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 30th 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Henry Kelly.

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Six Years, Seven Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore, Life time.

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 31 August 1877

Undertaker, John P. Githens

Place of Business, 265 Blue-... Address 207 N. Broadway

Nicholas L. Dashiell, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 20437

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, August 30th 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Harrington

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, Eighty one Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Maryland

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } Washington University Hospital

Cause of Death, { First (Primary,) Heart Disease with
Second (Immediate,) general anasarca

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Aug 30 1877

{ Undertaker, H. Schultze } Address, Wash. Univ. Hosp.

{ Place of Business, Monument St }

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. **20438**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, **Wednesday 29th. 1877.**

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. **Rachael A. Johnson.**

Sex, Male or Female, Cross out the word not required in this line.

Age, **7** Years, _____ Months, _____ Days.

Color, **Col** Sex, **Female**

Married, Single, Widow or Widower, Cross out the words not required in this line.

Occupation, _____

Birthplace, State or country (and how long in the United States, if of foreign birth.) **Balto Md.**

Duration of Residence in the City of Baltimore, **7 years**

Place of Death, Give street and number. **No. 76. Morris Alley.**

Cause of Death, First (Primary), Second (Immediate). **Diphtheritis.**

Duration of Last Sickness, **2 weeks.**

All the above information should be furnished by the Physician.

Place of Burial, **97 Drine Street** **Rev. Charles S. Hulls.**

Date of Burial, **August 30 1877** **J. S. Hulls.** M. D. Medical Attendant.

Undertaker, **Wm. H. Boring** Address

Place of Business, **97 Drine Street**

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No.

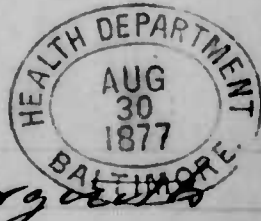
20439

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Aug 30th 77

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Mathew Alfred Morgenthau

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

Years,

Months,

5 Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Prussian

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give street and number. }

377 Orleans

Cause of Death,

{ First (Primary,) Second (Immediate,) }

Eclampsia

Duration of Last Sickness,

2 days

All the above information should be furnished by the Physician.

Place of Burial,

St. Alphonsus

Date of Burial,

Sept 30 1877

Undertaker,

Blotkamp

Place of Business,

E Lombard

Address

245 N. Main

J. Mathew M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 20440

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, Aug 29th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Annie Scholten

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, Years, 4 Months, 15 Days.

Color, White Sex, Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Ball-Man

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Ball-Man

Duration of Residence in the City of Baltimore, 2 years

Place of Death, { Give street and number. } 2200 Oregon & Pratt

Cause of Death, { First (Primary,) Cholera Second (Immediate,) Dysentery

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Woodson Park

Date of Burial, Aug 31st 1877

{ Undertaker, P. Hummer Address Mulberry St

{ Place of Business, Mulberry St

John G. Larkin M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20441,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, August 29th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Thomas A. Neal

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 36 Years, Months, 11, Days.

Color, White, Sex, Male

Married, Single, Widower or Widow, { Cross out the words not required in this line. }

Occupation, Laborer

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, Three Years

Place of Death, { Give street and number. } Boundary Avenue near Duhan St.

Cause of Death, { First (Primary,) Consumption
Second (Immediate,)

Duration of Last Sickness, One year and three months.

All the above information should be furnished by the Physician.

Place of Burial, St. Peter's Church

Date of Burial, Aug 31 1877

Medical Attendant, Charles L. Brander, M. D.

Undertaker, { Phillips Kelley
Place of Business, Balls Blad

Address, 59 Cathedral St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore,

Permit No. 20444

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, Aug. 31. 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Eva Grof

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 60 Years, Months, Days.

Color, white

~~Married, Single, Widow or Widower,~~ { Cross out the words not required in this line. }

Occupation, Housewife

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Elzace, Germany

Duration of Residence in the City of Baltimore, Four years

Place of Death, { Give street and number. } 517 Mc Elderry St.

Cause of Death, { First (Primary,) Second (Immediate,) } Cholera Morbus
Meningitis

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Co

Date of Burial, Aug. 31. 1877

Undertaker, Henry Schulteis

Place of Business, 261 E Monument St

G. Clawville, M.D.
Medical Attendant

Address Balt. & Wash. Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20443

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

August 30th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Annie Wainman

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age,

Years,

7

Months,

12

Days.

Color,

Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Balt. City.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

174 Welcome Alley

Cause of Death,

{ First (Primary),
Second (Immediate.) }

Catasthal Fever -

Duration of Last Sickness,

4 weeks -

All the above information should be furnished by the Physician.

Place of Burial,

Lanier Cemetery

Date of Burial,

August 31

Undertaker,

H. J. C. B. B. O. S. S.

Place of Business,

18 W. 3rd St.

L. A. Bell

M. D.

Medical Attendant.

Address 161 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 20444

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, August 31st 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Joseph Bernas

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 8 Months, 2 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } 30 Anthony St

Duration of Residence in the City of Baltimore, 8 mos 2 days

Place of Death, { Give street and number. } 30 Anthony St

Cause of Death, { First (Primary,) Second (Immediate,) } Passive Congestion of the Brain

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, A. DeLoeas Cemetery

Date of Burial, 1 of September

Undertaker, Adam Link

Place of Business, 461 N. Gay St.

Address 179 E. Monument St

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20445

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, to the undertaker or other person superintending the burial, within twenty-four hours after the death, and, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

Frederick Nikol Aug 31 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Frederick Nikol

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age, 21 Years,

Months,

18 Days.

Color, White

Sex,

Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Single

Occupation,

Laborer

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Germany

Duration of Residence in the City of Baltimore,

Four (4) years

Place of Death, { Give street and number. }

165 Sterling Street

Cause of Death, { First (Primary), { Second (Immediate), }

Typhoid Fever

Edema Pulmonum

Duration of Last Sickness,

4 Days.

All the above information should be furnished by the Physician.

Place of Burial,

St. Alphonsus Co.

Date of Burial,

September 2, 1877

{ Undertaker,

Henry H. H. H.

{ Place of Business,

307 Central Ave

Address

Dr. E. D. M. D. Medical Attendant.

29 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20446c

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 65 Years, Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Mechanic

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore, 23 years

Place of Death, { Give street and number. } 415 Oregon St.

Cause of Death, { First (Primary,) Paralysis
Second (Immediate,) Heart (4) months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, September 1

{ Undertaker, J. B. Cook

{ Place of Business, 707 West Baltimore

Address 335 N. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

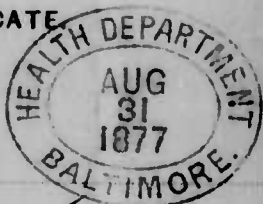
OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *20447*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

CERTIFICATE OF DEATH.



Date of Death, *Aug. 30th 1877.*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *E Warfield Sheobold*

Sex, *Male or Female*, { Cross out the word not required in this line. }

Age, *27* Years, *—* Months, *—* Days.

Color, *white* Sex, *—*

~~Married~~, *Single*, *Widow* or *Widower*, { Cross out the words not required in this line. }

Occupation, *Physician.*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore*

Duration of Residence in the City of Baltimore, *All of his life*

Place of Death, { Give street and number. } *2089 Saratoga St. Balto, Md.*

Cause of Death, { First (Primary), Second (Immediate), } *Typhoid Fever*

Duration of Last Sickness, *abt 5 weeks*

All the above information should be furnished by the Physician.

Place of Burial, *London Park Cemetery* *Harold Smith* M. D.

Date of Burial, *1st Sept - 1877* Medical Attendant.

{ Undertaker, *Wm J. Smith & Son* Address

{ Place of Business, *16 Light St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

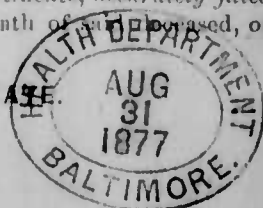
Board of Health, City of Baltimore,

Permit No. 20448

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, August 30 " 17

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Charles Daugherty

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, — Years, 7 Months, — Days.

Color, white Sex, Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } 468 S Eager St

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 468 S Eager St

Cause of Death, { First (Primary,) Chronic
Second (Immediate,) Pseudo membranous Laryngitis

Duration of Last Sickness, Unknown

All the above information should be furnished by the Physician.

Place of Burial, St Vincent Cemetery

Date of Burial, Aug 31st

{ Undertaker, Geo. Schilling
Place of Business, Ashland Lyman

Address

Medical Attendant, J. J. Smith M. D.
189 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. *20449*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *Aug 30th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *James Brown*

Sex, Male or Female, { Cross out the word not required in this line. } *male*

Age, *18* Years, *4* Months, *1* Days.

Color, *white*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *single*

Occupation, *labour*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *England*

Duration of Residence in the City of Baltimore, *8 years*

Place of Death, { Give street and number. } *Hull st near Railroad*

Cause of Death, { First (Primary,) Second (Immediate,) } *Typhoid - Remittent fever*

Duration of Last Sickness, *2 weeks*

All the above information should be furnished by the Physician.

Place of Burial, *S. J. Paton*

Date of Burial, *Aug. 31st*

J. G. Dausch M. D.
Medical Attendant.

{ Undertaker, *W. J. A. Dwyer* Address *27 N. Broadway*

{ Place of Business, *74 Bm*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

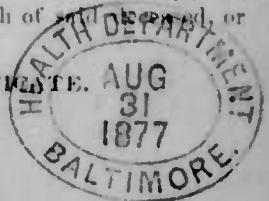
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20450

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

Aug. 30th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

William R. Duwall

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 57 Years,

Months, 10 Days.

Color,

White

Married, Single, Widowed, or Divorced, { Cross out the words not required in this line. }

Occupation,

Shoemaker

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Montgomery Co. Md.

Duration of Residence in the City of Baltimore,

4 years.

Place of Death, { Give street and number. }

84 S. Carey St.

Cause of Death, { First (Primary), Second (Immediate), }

Typhoid fever

Duration of Last Sickness,

24 days

All the above information should be furnished by the Physician.

Place of Burial,

Mont Olivet Cemetery

Date of Burial,

Sept 2

{ Undertaker,

J B Cook

{ Place of Business,

707 West Baltimore

Rev. E. C. Price & Son

Medical Attendant

Address 262 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

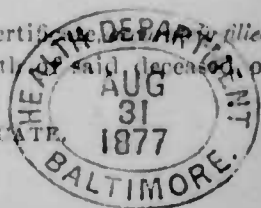
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20451,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, Aug 25th 1877

Full Name of Deceased, ^{Write legibly and spell correctly. If an infant not named, give names of parents.} Ida Branch

Sex, ~~Male~~ or Female, ^{Cross out the words not required in this line.}

Age, 22 Years, Months, Days

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, ^{Cross out the words not required in this line.}

Occupation, —

Birthplace, ^{State or country (and how long in United States, if of foreign birth.)} Charlottesville Va -

Duration of Residence in the City of Baltimore, One week

Place of Death, ^{Give street and number.} Baltimore Infirmary -

Cause of Death, ^{First (Primary,)} Ovarian Disease
^{Second (Immediate,)}

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Virginia

Date of Burial, Sept 26th 1877

Undertaker, J. W. Weaver

Place of Business, 129 N. Brea St

J. T. Sludge, M. D.
Medical Attendant.

Address.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Special Transit by A. E. Smyth [OVER.]

Board of Health, City of Baltimore.

Permit No. 20452

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, 30. Aug. 1877
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Teresa McGowan
Sex, Male or Female, { Cross out the word not required in this line. } Female
Age, _____ Years, 10 Months, _____ Days.
Color, White
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation, _____
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Balt. City
Duration of Residence in the City of Baltimore, House 2 weeks
Place of Death, { Give street and number. } St. Vincent's Infant Asylum
Cause of Death, { First (Primary,) Congestion of Brain
Second (Immediate,) Spasm. }
Duration of Last Sickness, 20 hours
All the above information should be furnished by the Physician.

Place of Interment
Date of Burial, Aug 31 1877 Marbury Brewer M. D. Medical Attendant.
{ Undertaker, Paul Bowser Address 201 N. Middle St.
{ Place of Business, Institute

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of birth and death of illegitimate children.

[OVER.]

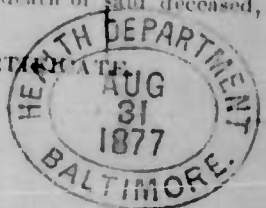
Board of Health, City of Baltimore.

Permit No. 20453

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *Aug 23rd 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Annis Cagmore Petersen*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, _____ Years, _____ Months, *15* Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore*

Duration of Residence in the City of Baltimore, _____

Place of Death, { Give street and number. } *128 Bottom st*

Cause of Death, { First (Primary.) Second (Immediate.) } *Transition*

Duration of Last Sickness, *5 or 6 days*

All the above information should be furnished by the Physician.

Place of Burial, *Richmond Va*

Date of Burial, _____

C. H. Williams M. D.
Medical Attendant.

{ Undertaker, *Wm. J. Petersen & Son* Place of Business, *16 Light St* }

Address *201 Madison Ave*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 858.

[OVER.]

Board of Health, City of Baltimore,

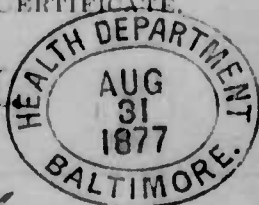
Permit No. *20454*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH



Date of Death, *August 30th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

William Aaron Bailey

Sex, *Male or Female*, { Cross out the word not required in this line. }

Age, *9* Years, *11* Months, Days.

Color, *Black*

Married, *Single, Widow or Widower*, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore City

Duration of Residence in the City of Baltimore, *9 yrs 4 months*

Place of Death, { Give street and number. }

Pierce St No 34

Cause of Death, { First (Primary,) Second (Immediate,) }

Diphtheria

Duration of Last Sickness, *11 days*

All the above information should be furnished by the Physician.

Place of Burial, *Laurel Cemetery*

Date of Burial, *August 31st 77*

{ Undertaker, *Mr Jordan*

{ Place of Business, *Park St*

Edward J. Chaisty M. D.
Medical Attendant.

Address *158 Mulberry St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 20453

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER



CERTIFICATE OF DEATH

Date of Death,

August 30th 1877
Adam Kohles
Male

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 19 Years,

Months, Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Single

Occupation,

Brewer

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

Since birth

Place of Death, { Give street and number. }

36 S. Wolf St.

Cause of Death, { First (Primary), Second (Immediate). }

Indigestion
Cholera Morbus

Duration of Last Sickness,

37 hours

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, September 1st 1877

Undertaker, H. M. Gibmeyer

Place of Business, 341 Canton St.

N. W. Cor.
Address

P. C. Lee M. D.

Medical Attendant
Coroner S. D.

Hammond Barn St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 20456

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE



CERTIFICATE OF DEATH.

Date of Death, August 30th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William Matthias Brown

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Years, Ten Months, Twelve Days.

Color, Black Sex, Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } No. 12 Jews Alley

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } No. 12 Jews Alley

Cause of Death, { First (Primary,) Whooping Cough & Phthisis Pulmonalis
Second (Immediate,) Asthenia

Duration of Last Sickness, About Three months

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Eugene T. Corbin M. D.

Date of Burial, September 1 1877 Medical Attendant.

{ Undertaker, Wm B Gade Address 125 St. Charles St.

{ Place of Business, No 63 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

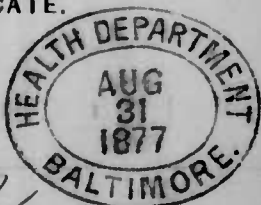
Permit No. *20457*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *29th August 1877.*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Charles Edward Johnson*

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *1* Years, *8* Months, Days.

Color, *colored* Sex,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore*

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } *N. 185 East St.*

Cause of Death, { First (Primary,) Second (Immediate,) } *Pneumonia lobularis.*

Duration of Last Sickness, *Three days and one half.*

All the above information should be furnished by the Physician.

Place of Burial, *Green Cemetery,*

Date of Burial, *Aug 31 1877*

{ Undertaker, *William V. Brown*

{ Place of Business, *No 62 East Street*

Address *207 N. Central Ave*

J. P. Drimmer M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

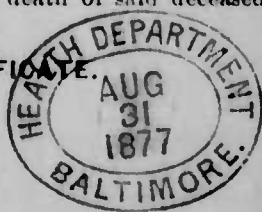
OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20458

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, August 30, 9 am.
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Elizabeth Erbe
Sex, Male ~~or~~ Female, { Cross out the word not required in this line. }
Age, 50 Years, 5 Months, 26 Days.
Color, white Sex, Female
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation,
Birthplace, { State or country (and how long in the United States, if of foreign birth. } Germany
Duration of Residence in the City of Baltimore, 26 Years.
Place of Death, { Give street and number. } 229, South Spruce Str
Cause of Death, { First (Primary,) Second (Immediate,) } Neglect
Duration of Last Sickness, Six Months
All the above information should be furnished by the Physician.
Place of Burial, Western Cemetery
Date of Burial, Sept 2nd
{ Undertaker, Henry Briele
Place of Business, Bennett St 81
John J. Titzer. M. D.
Medical Attendant.
Address 80 N. Ector

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

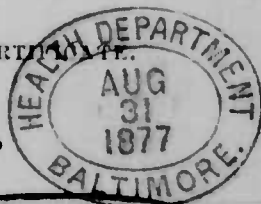
OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *20459*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four* hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Aug 30 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Gertrude Silvestro

Sex, ~~Male~~ Female,

Cross out the words not required in this line.

Age,

Years,

1

Months,

—

Days

Color,

white

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace, State or country (and how long in United States, if of foreign birth.)

Balt City

Duration of Residence in the City of Baltimore,

Life

Place of Death, Give street and number.

3 Marsh Market Space

Cause of Death,

First (Primary),

Scrofula

Second (Immediate),

Duration of Last Sickness,

all its life

All the above information should be furnished by the Physician.

Place of Burial,

E. Pub. Cemetery

Date of Burial,

Aug 31 1877

James A. Stearns, M.D.

Undertaker,

C. Streep

Address,

*Commis of H
Pregis Row*

Place of Business,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information Re Silvestro Mother [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 211460

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Aug. 31st 1877

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Thara Edith Hobbs

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

3

Years,

9

Months,

14

Days.

Color,

White

Sex,

Female

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth. }

Baltimore City

Duration of Residence in the City of Baltimore,

Life

Place of Death,

{ Give street and number. }

146 Pine St

Cause of Death,

{ First (Primary,)

{ Second (Immediate,)

Diphtheria

Duration of Last Sickness,

2 days

All the above information should be furnished by the Physician.

Place of Burial,

Green Mount Cemetery

Date of Burial,

Sept 1st 1877

D. P. Hoffman

M. D.

Medical Attendant.

Undertaker,

Jacob Weaver

Place of Business,

No 486 Druid Hill Avenue

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 20461

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, September 1st 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Wilmore Henry Clibb

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 4 Months, 14 Days.

Color, White Sex, male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, His whole life

Place of Death, { Give street and number. } 25 N Paca St Balt

Cause of Death, { First (Primary,) Reduced & Summer Complaint
Second (Immediate,) Whooping Cough }

Duration of Last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, September 1st 1877

Medical Attendant, M. D. McHammond

Undertaker, Jacob Weaver Address 53 N Paca St

Place of Business, 408 4th Loudon Hill

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

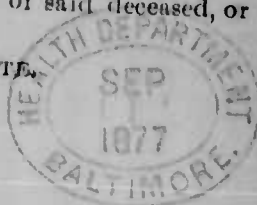
Permit No. 20462

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Aug. 31, 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Mrs. Caroline Rachel

Sex, Male or Female,

Cross out the words not required in this line.

Male

Age,

Years,

2

Months,

Days

Color,

White

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in United States, if of foreign birth.)

Baltimore City

Duration of Residence in the City of Baltimore,

Since birth

Place of Death,

Give street and number.

415 E. Chase St.

Cause of Death,

First (Primary),

Scarlatina Maligna

Second (Immediate),

Congestion of Brain with Eclampsia

Duration of Last Sickness,

31 hours

All the above information should be furnished by the Physician.

Place of Burial,

Mount Olivet Cemetery

Date of Burial,

Sept 2nd 1877

Undertaker,

John S. Weaver

Place of Business,

22 W. Gay St.

Address,

305 St. Caroline St.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 20463,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 31st 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Maggie Bunke

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, Years, 22 Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

{ Undertaker,

{ Place of Business,

Mt Carmel C. C. Luck

Sept 1 1877 Phil Brehm

Address Balt. Wash. St.

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 20464

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

August 30th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Mondeca Chalk

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age, — 41 — Years,

Months, — Days.

Color,

Colored

Married, Single, Widowed, { Cross out the words not required in this line. }

Single

Occupation,

Farmer

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore City

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give street and number. }

Nine Gault Lane

Cause of Death, { First (Primary,) Second (Immediate,) }

Phtisis Pulmonalis

Duration of Last Sickness,

Two Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Sept 1 1877

Undertaker, Theo J. Lock

Place of Business, 56 Jefferson

Thomas J. Evans — M. D.
Medical Attendant.

Address No. 22 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 20465

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, Aug 31st, 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mattie Muth,

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 2 Years,

Color, White 9 Months, Days.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore City, Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number. } # 131 S. Wolf St.

Cause of Death, { First (Primary.) Acute Pneumonia accompanied by Pertussis and All Meningitis
Second (Immediate.) } 5 weeks.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, September 1877

Undertaker, John D. Smith

Place of Business, 2607 Howard Ave

John H. Rehberger M. D.
Medical Attendant.

Address 243 Alice Anna St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20466

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

August 31st 1877

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

John Frederick Roth

Sex, Male or Female,

Cross out the words not required in this line.

Age,

47

49

Years,

2

Months,

3

Days

Color,

White

Married, Single, Widowed or Widower,

Cross out the words not required in this line.

Occupation,

Lineman

Birthplace,

State or country (and how long in United States, if of foreign birth.)

Germany

Duration of Residence in the City of Baltimore,

25 years

Place of Death,

Give street and number.

1767 178 - East St

Cause of Death,

First (Primary.)

Muratic Acid

Second (Immediate.)

Internal Injury from fall

Duration of Last Sickness,

13 hours

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore Cemetery

Date of Burial,

Sept 2nd 77

Undertaker,

Geo Schilling

Place of Business,

Ashland Square

Address,

166 Exeter St

103 Exeter St

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20467

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Aug 3, 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Angusta Heckler

Sex, ~~Male~~ or Female,

Cross out the word not required in this line.

Age,

8 Years,

2 Months,

6 Days.

Color,

white

Sex,

Married, Single, Widow or Widower, Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Balt^o

Duration of Residence in the City of Baltimore,

8. 2. 6

Place of Death,

Give street and number.

12 Union St

Cause of Death,

First (Primary),

Second (Immediate),

Diphtheria

Collapsus probably Heart Act

Duration of Last Sickness,

2 weeks

All the above information should be furnished by the Physician.

Place of Burial,

Western Cemetery

R Winslow

M. D.

Date of Burial,

Sept 24

Medical Attendant.

Undertaker,

H. Schilling

Address

231 W Biddle St

Place of Business,

R Penna Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20468

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 30th. 1877

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. Albert Neff

Sex, Male or Female, Cross out the word not required in this line. Male

Age, Thirty-two Years, Months, Days.

Color, White

Married, Single, Widow or Widower, Cross out the words not required in this line. Married

Occupation, Conductor

Birthplace, State or country (and how long in the United States, if of foreign birth.) Baltimore City

Duration of Residence in the City of Baltimore, 33 years

Place of Death, Give street and number. No. 78 S. Mount Street

Cause of Death, First (Primary), Second (Immediate.) Typhoid Fever

Duration of Last Sickness, Three weeks.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Sept 1st 1877

Undertaker, Wm H Hickman

Place of Business, 234 N Bay St

Address, 538 W. Fayette St.

John Neff M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 202469

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

August 30

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Joseph Rutigan

(Rutigan)

Sex, Male or Female,

Cross out the word not required in this line.

Age,

10 -

Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Motto

Duration of Residence in the City of Baltimore,

Life

Place of Death,

Give street and number.

Greenmount 153

Cause of Death,

First (Primary.)

Second (Immediate.)

By hand from

Perforation intestines

Duration of Last Sickness,

About 3 weeks

All the above information should be furnished by the Physician

Place of Burial,

Cathedral Cemetery

Date of Burial,

Sept 1 1877

Undertaker,

James P. Byrne

Place of Business,

63 N. Front St

Chas. O'Donnell M.D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 20470

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 31 st, 1877
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Christopher Herr
Sex, Male or Female, { Cross out the word not required in this line. } Male
Age, Years, 7 Months, Days.
Color, White
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation,
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore City, Md.
Duration of Residence in the City of Baltimore, Since Birth
Place of Death, { Give street and number. } 154 East St.
Cause of Death, { First (Primary,) Syphilis (congenital)
Second (Immediate,)
Duration of Last Sickness, Since Birth.
All the above information should be furnished by the Physician.

Place of Burial, W. Alphonsus Cem.
Date of Burial, Aug. 31 st, 1877 John H. Rehberger M. D. Medical Attendant.
Undertaker, Michael Francis Address 243 Alice Anna St.
Place of Business, No 280 Canton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 20471

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Aug 31 - 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Debby Jones

Sex, ~~Male~~ or Female, { Cross out the words not required in this line. }

Age, *Forty three* Years,

Months,

Days

Color,

Dark

~~Married~~ Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Washerwoman

Birthplace, { State or country (and how long in United States, if of foreign birth.) }

How are Co lead

Duration of Residence in the City of Baltimore,

About thirty years

Place of Death, { Give street and number. }

No 15 Booth St

Cause of Death, { First (Primary,) Second (Immediate,) }

Pulmonary Consumption

Duration of Last Sickness,

About one year

All the above information should be furnished by the Physician.

Place of Burial, *St Peter's Cemetery*

Date of Burial, *September 2 - 1877*

W. M. Rees M.D.

Medical Attendant.

{ Undertaker, *J. B. Cook*

{ Place of Business, *707 W. Baltimore St.*

Address, *87 Mr. Berry St.*

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

and to be particularly invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *20472*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *Aug 31 1877*

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. *Harry Monegan*

Sex, Male or Female, Cross out the word not required in this line.

Age, *6* Years, *2* Months, *6* Days.

Color, *White* Sex, *Male*

Married, Single, Widow or Widower, Cross out the words not required in this line.

Occupation,

Birthplace, State or country (and how long in the United States, if of foreign birth.) *Baltimore City*

Duration of Residence in the City of Baltimore,

Place of Death, Give street and number. *No. 70 Parrish Street*

Cause of Death, (First (Primary), Second (Immediate).) *Meningitis*

Duration of Last Sickness, *Five days*

All the above information should be furnished by the Physician.

Place of Burial, *H. Peters Cemetery* *Chas W. Neff* M. D.

Date of Burial, *September 2nd 1877* Medical Attendant.

{ Undertaker, *J. B. Cook* Address *304 N. Fayette St*
{ Place of Business, *707 W. Baltimore St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 20473

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Aug. 31st 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents }

Oscar Hillegast

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age, 32 Years,

5 Months,

4 Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Married

Occupation,

Liquor Dealer

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Germany

Duration of Residence in the City of Baltimore,

25 years

Place of Death, { Give street and number. }

67 Patuxent St. Canton

Cause of Death, { First (Primary,) Second (Immediate,) }

Too free use of Alcohol & Stimulants
Congestion of the Brain
Shock

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Sept 2nd 1877

Undertaker, H. Froehlich

Place of Business, 246 Eastern Ave.

N. W. Cor

Address, Hanover Barr St.

R. C. Lee M. D.

Coroner S. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 204741

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 31st
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary E. Mills
Sex, Male or Female, { Cross out the word not required in this line. }
Age, 20 Years, Months, Days.

Color, white Sex,
Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, 20 years

Place of Death, { Give street and number. } 138 Park Avenue

Cause of Death, { First (Primary,) Exophthalmic goiter
Second (Immediate,) Exhaustion

Duration of Last Sickness, one week.

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cemetery J. E. Chatard Jr M. D.

Date of Burial, Sep. 3rd 1877 Medical Attendant.

{ Undertaker, Wm. Jenkins & Son Address 114 Park St

{ Place of Business, 16 Light St Balto.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 20475

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

August 30

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Louis Eckhart

Sex, Male or Female,

Cross out the words not required in this line.

Age,

33

Years,

3

Months,

16

Days

Color,

White

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Storekeeper

Birthplace,

State or country (and how long in United States, if of foreign birth.)

Germany

Duration of Residence in the City of Baltimore,

12 years

Place of Death,

Give street and number.

614 Light St

Cause of Death,

First (Primary),

Second (Immediate),

Phthisis

Duration of Last Sickness,

8 weeks

All the above information should be furnished by the Physician.

Place of Burial,

Landon Park

Date of Burial,

2nd of September

Herndon Eckhart

M. D.

Medical Attendant.

Undertaker,

Wm. Secor

Place of Business,

35 S. Calvert St

Address,

146. Hanover St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20476,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 31, 1877.

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. Martin Mc Mann.

Sex, Male or Female, Cross out the word not required in this line. Male.

Age, 45 Years, Months, Days.

Color, White Sex, Male.

Married, Single, Widow or Widower, Cross out the words not required in this line. Married.

Occupation, Laborer.

Birthplace, State or country (and how long in the United States, if of foreign birth.) Ireland.

Duration of Residence in the City of Baltimore, 30 years

Place of Death, Give street and number. 118 Central Ave. (South)

Cause of Death, First (Primary), Second (Immediate,) Sunstroke.

Duration of Last Sickness, 7 Hours.

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick's Cemetery J. J. Sullivan, M. D.

Date of Burial, Sept 2nd Medical Attendant.

Undertaker, W B Watchman

Place of Business, 1918 Bond St Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20477

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 31st 1877

Full Name of Deceased, { Writes legibly and spell correctly. If an Infant not named, give names of parents. } Charles A. Schwaboph

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 17 Years, — Months, — Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Balt. City

Duration of Residence in the City of Baltimore, 5 weeks

Place of Death, { Give street and number. } Spring Gardens, foot of Hammonst

Cause of Death, { First (Primary,) } Accidentally
{ Second (Immediate,) } Drunken
Short

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Raphael's

Date of Burial, Sept 2nd 1877

{ Undertaker, B. Hurley } R. C. Lee M. D.
Address Hanover & Barn Sts

{ Place of Business, 411 Light St. }

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 20478.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Aug 31

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Clara Virginia Armstrong

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age, 27 Years,

8

Months,

13 Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Married

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Balt. Maryland

Duration of Residence in the City of Baltimore,

27 years 8 months 13 days

Place of Death, { Give street and number. }

179 S Gilmore St

Cause of Death, { First (Primary,) Second (Immediate,) }

Phthisis Pulmonalis

Duration of Last Sickness,

3 months

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Sept 2 77

H. W. Webster Jr

M. D.

Medical Attendant.

{ Undertaker, Armstrong & Denny }

{ Place of Business, No 2032 7th St }

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 20479.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

August 31, 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Peter Busch

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age, 24 Years, 4 Months, 7 Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Single

Occupation,

Black Smith

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give street and number. }

Cor Bond & Milliman St.

Cause of Death, { First (Primary), Second (Immediate), }

Phthisis.

Duration of Last Sickness,

5 years.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, August 2nd 1877

Undertaker, H. Heck

Place of Business, Canal near Eager

J. P. Powell M.D. Medical Attendant.

Address 224 Carrollton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 20480

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, 31st August

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Emma J. Smith

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 3 4 Years, Months, Days.

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore, Springfield, Ohio. About Five Years

Place of Death, { Give street and number. } 132 Broadway

Cause of Death, { First (Primary.) Inflammatory Rheumatism
Second (Immediate,) Congestive Chills }

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Sept 3rd 1877

{ Undertaker, Mrs John H. Weaver

{ Place of Business, #22 W. Fayette St

Thos. Shearer M. D.
Medical Attendant.

Address 97 N. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 20481

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE



CERTIFICATE OF DEATH.

Date of Death, September 1st 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Katharine Mauer

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age, 1 Years, 10 Months, Days.

Color, white Sex, Female

Married, Single, Widowed or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } 132 Cough Street (Cough St)

Cause of Death, { First (Primary,) Whooping Cough
Second (Immediate,) Pneumonia

Duration of Last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, Point Cemetery

Date of Burial, Sept 2nd 1877

Wm. Salzer M. D.
Medical Attendant.

{ Undertaker, C. Eckhardt
Place of Business, 264 Canton Ave.

Address 65 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Physician is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *204/82*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *8th Mar 31st 1877*

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. *Dora C. Thomas,*

Sex, ~~Male~~ *Female*, Cross out the word not required in this line.

Age, *1* Years, ~~2~~ *2* Months, *19* Days.

Color, *White* Sex, _____

Married, Single, Widow or Widower, Cross out the words not required in this line.

Occupation, _____

Birthplace, State or country (and how long in the United States, if of foreign birth.)

317 Madison Ave. Balt.

Duration of Residence in the City of Baltimore, _____

all her life

Place of Death, Give street and number.

317 Madison Ave Balt

Cause of Death, First (Primary,)
Second (Immediate,)

Bronchitis

Duration of Last Sickness, _____

4 days

All the above information should be furnished by the Physician.

Place of Burial, _____

Louden Park Cemetery

Date of Burial, _____

2^d Sept. 1877

Undertaker, _____

Wm. Deupius Sen

Place of Business, _____

16 Light St

Address

317 Madison Ave

Wm. Carey Thomas M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

THE SPECIAL ATTENTION OF PHYSICIANS IS RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20483,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, Sept. 11 77.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Ida Mary Beddewke

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 1 Years, 14 Months, 2 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word is not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto. Md

Duration of Residence in the City of Baltimore, 16 2/30 yrs

Place of Death, { Give street and number. } 548 W. Pratt St

Cause of Death, { First (Primary,) Cholera Infantum
Second (Immediate,) _____

Duration of Last Sickness, 2 wks

All the above information should be furnished by the Physician

Place of Burial, Bath Cemetery

Date of Burial, Sept 3 - 1877

{ Undertaker, J. A. Blackiston & son

{ Place of Business, 606, Bath St

Address 349 Lee St

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

THE SPECIAL ATTENTION OF PHYSICIANS IS RESPECTFULLY INVITED TO THE REMARKS BELOW, AND TO LIST OF DISEASES ON BACK OF THIS CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *20484*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *August 31, 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Louisa Estlin M. Osborn*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *43* Years, _____ Months, _____ Days.

Color, *White*

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore City*

Duration of Residence in the City of Baltimore, *43 years*

Place of Death, { Give street and number. } *N 20 S. Green St*

Cause of Death, { First (Primary,) } *General Atrophy*
{ Second (Immediate,) }

Duration of Last Sickness, *About 4 months*

All the above information should be furnished by the Physician

Place of Burial, *Louisa Park*

Date of Burial, *Sept 2nd 1877*

{ Undertaker, *Thos. B. Hughes*

{ Place of Business, *240 E. Bath St* Address _____

Wm. A. Mitage M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of, the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 20485

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20485

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, Aug 31 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Saml H. Turner

Sex, Male or Female, { Cross out the words not required in this line. }

Age, Years, 8 Months, Days

Color, Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Cambridge Md

Duration of Residence in the City of Baltimore, 4 mo

Place of Death, { Give street and number. } Hope Walk Lane near Park St

Cause of Death, { First (Primary,) } Dementia

{ Second (Immediate,) } Chol Infanter

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sep 2 1877

{ Undertaker, Hercules P. Ross } M.D.

{ Place of Business, West St } Address, Comm of Health

{ Registrar }

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of legitimate children.

Information by Lucy Bolney mother

to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore, /

Permit No. *20486*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Sep. 1st 1877.

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Emily A. Duwall

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age,

30

Years,

Eleven

Months,

Days.

Color,

White

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

112 Parkin St. Balt. Md.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

112 Parkin St

Cause of Death, { First (Primary,) Second (Immediate,) }

*Consumption
Sick since birth*

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

St. Oliver Cemetery

Date of Burial,

Sept 2nd 1877

Undertaker,

John Schaefer

Place of Business,

1015 N. Broadway

Address

584 W. Gay St.

*J. G. Linticum M. D.
Medical Attendant.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 20487

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

Sept 1 - 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Eliza C. Hansdale

Sex, Male or Female,

Cross out the word not required in this line.

Age, 88

Years,

Months,

Days.

Color,

Sex,

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Philadelphia Penn

Duration of Residence in the City of Baltimore,

9 months

Place of Death,

Give street and number.

45 Calver St

Cause of Death,

First (Primary),

Cholera morus

Second (Immediate),

Duration of Last Sickness,

4 days

All the above information should be furnished by the Physician.

Place of Burial,

Harford Co Md

Date of Burial,

30 Sep 1877

Undertaker,

Wm J. S. Thomas

Place of Business,

16 Light St

Address

Wm J. S. Thomas

M. D.

Medical Attendant.

87 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit-863

[OVER.]

No. 20488

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 20488

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, Sept. 1, 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Frederick Paulk Craft

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 11 Months, 19 Days.

Color, White Sex, Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } No. 164 Sarah Ann Street

Cause of Death, { First (Primary,) Cholera Infantum { Second (Immediate,) }

Duration of Last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, Mount Vernon Chas. H. M.D.

Date of Burial, Sept 2, 1877 Medical Attendant.

{ Undertaker, Peter Kummer Address 306 N. Fayette St.

{ Place of Business, 317 N. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

THE SPECIAL ATTENTION OF PHYSICIANS IS RESPECTFULLY INVITED TO THE REMARKS BELOW, AND TO LIST OF DISEASES ON BACK OF THIS CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20489

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, August 31, 77

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Joseph Edmund Smith

Sex, ~~Male~~ or ~~Female~~, { Cross out the word not required in this line. }

Age, Blk Years, 6 Months, 0 Days.

Color, Blk

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 1 1/2 yrs

Place of Death, { Give street and number. } 72 Lane

Cause of Death, { First (Primary,) Second (Immediate,) } Infection of Brain

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, Sept 2, 1877

{ Undertaker, Joh C. Jordan

{ Place of Business, No 63 Park St

John M. Ashman M. D.
Medical Attendant.

Address 349 E. Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

No. 20490

Board of Health, City of Baltimore,

Permit No. 20490

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Sept 12 - 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Frederick's Plaster
Amelia

Sex, Male or Female, { Cross out the words not required in this line. }

Age,

Years,

Color,

White

Months,

One

Days

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

One Year

Place of Death, { Give street and number. }

W. E. Cor. Wolf & Jefferson St.

Cause of Death, { First (Primary), }

Premature Birth

{ Second (Immediate), }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Sept 22 1877

Undertaker, Peter Frey

Place of Business, 91 E. Howard St.

Wm. L. Russell M. D.
Medical Attendant.

Address, Broadway & Madison St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 20491

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

1st of Sept. 77

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Joseph Mathaeidis

Sex, Male or Female,

Cross out the word not required in this line.

Age,

38 Years,

Months,

Days,

Color,

White

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Cabinetmaker

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Hungaria

Duration of Residence in the City of Baltimore,

20 years

Place of Death,

Give street and number.

338 E. Eager St. of

Cause of Death,

First (Primary).

Carbunkle of the lower arm

Second (Immediate.)

Marasmus (Typhemia)

Duration of Last Sickness,

Four weeks

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore Co.

Date of Burial,

September 3 1877

Undertaker,

Henry Hoeck

Place of Business,

309 Central Ave

Address

245 E. Monument

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 20492

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Sept. 1st 77

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sofia Papul

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 4 Years,

Months,

Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Maryland

Duration of Residence in the City of Baltimore,

Lifetime

Place of Death, { Give street and number. }

265 Asquith St.

Cause of Death, { First (Primary,) Second (Immediate,) }

Pneumonia
Simple Meningitis
3 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Co.

Date of Burial, September 2, 1877

{ Undertaker, Henry Roach
Place of Business, 309 Central Ave. }

Geo. Brooke Bush M. D.
Medical Attendant.

Address 166 E. Eager St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 20493

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

September 1st

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Peter Selhausen

Sex, Male ~~Female~~, { Cross out the word not required in this line. }

Age,

Years,

Months,

3 weeks

Days.

Color,

white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

city

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

256 N. Gay St

Cause of Death, { First (Primary,) Second (Immediate,) }

(Spina Bifida)

Convulsions

Exhaustion

Duration of Last Sickness,

3 weeks

All the above information should be furnished by the Physician.

Place of Burial,

St. Alphonsus Co.

Date of Burial,

September 2, 1877

J. H. Warner

M.D.

Medical Attendant.

{ Undertaker,

Henry Koch

{ Place of Business,

309 Central Ave

Address

256 N. Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 20494
The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 20494

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 31, 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Peter Hibbs

Sex, Male or Female, { Cross out the words not required in this line. } male

Age, 14 Years, 14 Months, 19 Days

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Baltimore, Md.

Duration of Residence in the City of Baltimore, 16 years

Place of Death, { Give street and number. } 167 Avenue of the Republic

Cause of Death, { First (Primary,) Cholera infantum
Second (Immediate,) 2 weeks

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Thomas

Date of Burial, September 2, 1877 M. D.

Medical Attendant,

{ Undertaker, Thomas H. Cook

{ Place of Business, 309 Central Ave.

Address, 309 Central Ave.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. *20495*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Sept 1, 1877

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Chas H. Heild

Sex, Male or ~~Female~~,

Cross out the word not required in this line.

Age,

23 Years,

Months,

Days.

Color,

white,

~~Married~~, Single, ~~Widow~~ or ~~Widower~~,

Cross out the words not required in this line.

Occupation,

Ice Dealer

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Balt. Md.

Duration of Residence in the City of Baltimore,

since birth

Place of Death,

Give street and number.

N. Chapple St.

Cause of Death,

First (Primary.)

Second (Immediate.)

Typhoid Fever

Ulceration of Intestine

Duration of Last Sickness,

Two weeks.

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore Cemetery

Date of Burial,

Sept 2/77

Undertaker,

Fry & Co

Place of Business,

57 1/2 Broadway

Address

Balt. & Marl. sts.

G. Glanville M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20496

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Aug. 31st 7:30 A.M.

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Miss Maggie Byrne

Sex, ~~Male~~ Female,

{ Cross out the word not required in this line. }

Age,

26

Years,

Months,

Days.

Color,

White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~,

{ Cross out the words not required in this line. }

Occupation,

Clerk

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

One month

Place of Death,

{ Give street and number. }

128 Scott St.

Cause of Death,

{ First (Primary,) Second (Immediate,) }

Phthisis Pulmonalis
Several Months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Greenmount Cemetery

Date of Burial,

Sept 2nd 1877

Undertaker,

James P. Byrne

Place of Business,

No 63 N. Front St.

Address

11 S. High St.

Attest
Medical Attendant.

M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 20497
The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 20497

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

September 1st 1877

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Clinton Speed

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

One Year Years, Eight

Months,

Twenty one Days.

Color,

Colored

Sex,

Male

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth. }

City of Baltimore

Duration of Residence in the City of Baltimore,

Lived birth

Place of Death,

{ Give street and number. }

No 12 Booth St

Cause of Death,

{ First (Primary),

Second (Immediate.)

Acute Meningitis

Duration of Last Sickness,

Eight days

All the above information should be furnished by the Physician.

Place of Burial,

Green Cemetery

Date of Burial,

Sept 2

{ Undertaker,

William of Dugan

{ Place of Business,

10 Station Alley

J. C. Shivers

M. D.

Medical Attendant.

Address

626 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20498

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Aug. 31st 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Louy E. Perkins

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

/ Years,

Months,

Color,

Blk

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

273 McDonough St.

Cause of Death, { First (Primary,) Second (Immediate,) }

convulsions

Duration of Last Sickness,

one week

All the above information should be furnished by the Physician.

Place of Burial,

Green Cemetery

Date of Burial,

Sept 2

{ Undertaker,

William A. Dugue

{ Place of Business,

62 East St

R. W. Mansfield

M. D.

Medical Attendant.

Address

117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

No. 204

Board of Health, City of Baltimore,

Permit No. 20499

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, Sept 1, 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Andrew Foreman

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Fifty nine Years,

Color, White

X Months,

Days.

Married, Single, Widowed, { Cross out the words not required in this line. } Single

Occupation, Carpenter

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } 40 Clay St.

Cause of Death, { First (Primary,) Contracted Kidney (Bright's) Second (Immediate,) Anemia

Duration of Last Sickness, Nearly a year.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 3, 77

Undertaker, S W Brown

Place of Business, 192 Howard St

Address

37 E. 2nd St.

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 20300

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20500

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH



Date of Death, Aug 31st

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Evans Sweden

Sex, Male ~~or~~ Female, { Cross out the word not required in this line. }

Age, Years, 8 Months, 17 Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Balt.

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give street and number. } 212 Henrietta St.

Cause of Death, { First (Primary,) Second (Immediate,) } Meningitis 6 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 3. 1877

{ Undertaker, J. M. Brown

{ Place of Business, 184 Howard St

R. M. Hall M. D. Medical Attendant.

Address 262 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

No. 20507

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 20507

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.Date of Death, *Sept 21st*Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Mary J. Smith*Sex, Male or Female, { Cross out the words not required in this line. } *Female*Age, *2* Years, *7* Months, *27* DaysColor, *Caucasian*Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Single*Occupation, *Domestic*Birthplace, { State or country (and how long in United States, if of foreign birth.) } *Baltimore*Duration of Residence in the City of Baltimore, *37 years*Place of Death, { Give street and number. } *St. James St.*Cause of Death, { First (Primary,) *Whooping Cough*
Second (Immediate,) *Memoritis* }Duration of Last Sickness, *Two weeks*

All the above information should be furnished by the Physician.

Place of Burial, *St. James Cemetery*Date of Burial, *Sept 3. 77*{ Undertaker, *S. H. Moore*{ Place of Business, *88 Howard St.*Address, *100 N. E. St.*Medical Attendant, *J. A. Green* M.D.**Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased and the cause and date of death, except in cases of births and deaths of illegitimate children.

{OVER}

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

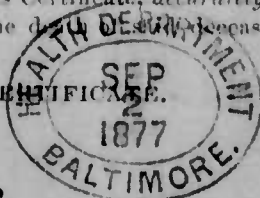
Board of Health, City of Baltimore,

Permit No. *20502*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

September 1st

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

John Rosenbauer

Sex, Male or Female,

Cross out the word not required in this line.

Male

Age,

one

Years,

six

Months,

six

Days.

Color,

White

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

17-383 Eastern Av.

Cause of Death,

First (Primary.)

Cholera infantum

Second (Immediate.)

Intoxication

Duration of Last Sickness,

all summer

All the above information should be furnished by the Physician

Place of Burial,

St. Alphonsus Cemetery

Date of Burial,

September 2nd 1877

Undertaker,

H. H. Gumbert

Place of Business,

341 Canton St.

Address

12 S. E. 8th St.

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

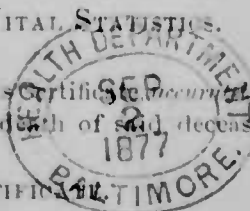
Board of Health, City of Baltimore,

Permit No. *20503*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

September 1st 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Barbara Eckman

Sex, Male or Female,

Cross out the words not required in this line.

Female

Age,

57

Years,

Months,

Days

Color,

White

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Married

Occupation,

Boatman

Birthplace,

(State or country (and how long in United States, if of foreign birth.)

Bavaria

Duration of Residence in the City of Baltimore,

Thirty (30) years

Place of Death,

(Give street and number.)

Canon Park

Cause of Death,

First (Primary),

Second (Immediate),

Strangulated Hernia

Duration of Last Sickness,

One week

All the above information should be furnished by the Physician.

Place of Burial,

St. Alphonsus Cemetery

Date of Burial,

September 3rd 1877

Undertaker,

H. M. G. Meyer

Address,

177 S. Broadway

Place of Business,

341 Canton St.

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *20504*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *September 1st 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Henry Moore*

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *80* Years, Months, Days.

Color, *Colored*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, *Latimer*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Calvert Co Md*

Duration of Residence in the City of Baltimore, *5* Years

Place of Death, { Give street and number. } *Rear of 211 Hughes St*

Cause of Death, { First (Primary,) *Acute Rheumatism* }
{ Second (Immediate,) }

Duration of Last Sickness, *14 days*

All the above information should be furnished by the Physician.

Place of Burial, *Western P. Cemetery*

Date of Burial, *Sept 2nd 1877*

{ Undertaker, *M. H. Perry* }
{ Place of Business, *M. Prain &* }

O. A. Cooke M. D.
Medical Attendant.

Address *Car Lee & Hammer St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *20585*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Sept 1st 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sarah Elizabeth Hayden

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

Years,

3 Months,

Days.

Color,

Colored

Sex,

F

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Balt. City

Duration of Residence in the City of Baltimore,

3 mo's

Place of Death, { Give street and number. }

284 W. Biddle St

Cause of Death, { First (Primary,) Second (Immediate,) }

Marasmus, Defective Nutrition

Duration of Last Sickness,

2 months

All the above information should be furnished by the Physician.

Place of Burial,

Lawrence Cemetery

Date of Burial,

Sept 2nd 1877

{ Undertaker,

Mr H. D. S. Mop

Address

231 W Biddle St

{ Place of Business,

Druid Hill Ave

T. Winslow M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases.

Board of Health, City of Baltimore,

Permit No. *20506*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Aug. 31st 1877.

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Franklin Thomas.

Sex, Male or ~~Female~~

{ Cross out the word not required in this line. }

Age,

Years,

Months,

7 Days.

Color,

Colored.

~~Married~~, Single, ~~Widow~~ or ~~Widower~~,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Baltimore.

Duration of Residence in the City of Baltimore,

Life time

Place of Death,

{ Give street and number. }

or 69- Sarah Ann St

Cause of Death,

{ First (Primary.)
Second (Immediate.) }

Convulsions.

Duration of Last Sickness,

1 day.

All the above information should be furnished by the Physician.

Place of Burial,

Larval Cemetery

Date of Burial,

Sept 2nd 1877

Undertaker,

H. H. Bishop

Place of Business,

Smith's Hill

Address

*or 326 Mulberry St
in Green*

L. C. Horn

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of *Physicians* is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. *29507*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

September 2nd 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Frederick W. Morgenthau

Sex, Male or Female,

Cross out the word not required in this line.

Male

Age,

1

Years,

2

Months,

28

Days.

Color,

White

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Single

Occupation,

None

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore

Duration of Residence in the City of Baltimore,

Since birth

Place of Death,

Give street and number.

340 S. Bond St.

Cause of Death,

First (Primary,)
Second (Immediate,)

Convulsions

Duration of Last Sickness,

1 day

All the above information should be furnished by the Physician.

Place of Burial,

S. Alphonsus Cemetery

Date of Burial,

Sept. 3rd

Undertaker,

Wm. L. Dippel

Place of Business,

151 S. Bond

Address

60 S. Broadway

Quess J. McNamee M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

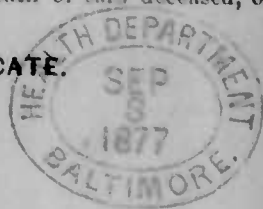
Board of Health, City of Baltimore,

Permit No. 20508

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE



CERTIFICATE OF DEATH.

Date of Death, Sept 20 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } L. M. Darrough

Sex, ~~Male~~ or Female, { Cross out the word not
required to this line. }

Age, 16 Years, 1 Months, 1 Days.

Color, *White* Sex, *♂*

Married, Single, Widow or Widower, { Cross out the words not {
required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and
number. } Green Mount Avenue.

Cause of Death, { First (Primary,) *Suppressed by a cold*
 { Second (Immediate,) *Tetanus*

Duration of Last Sickness, *One week*

All the above information should be furnished by the Physician.

Place of Burial, *Beth Cemetery*

Date of Burial, *Sept 4th 1875* *C. C. Johnson* M. D.
Medical Attendant.

Undertaker, *John H. Weaver* Address *138 W. Fayette*
Place of Business, *#22 W. Fayette St*

*Extract from Regulations of the Board of Health to secure a full and correct record of
Vital Statistics in the City of Baltimore.*

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

COVER

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

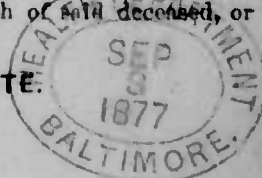
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *21509*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of *said deceased*, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

September 2^d 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Walter Harmon

Sex, Male or Female,

Cross out the word not required in this line.

Male

Age,

Years,

3

Months,

14

Days.

Color,

White

Sex,

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Infant

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Balto. City

Duration of Residence in the City of Baltimore,

All life

Place of Death,

Give street and number.

253

Dolphin St.

Cause of Death,

First (Primary),

Second (Immediate),

Insanition

Duration of Last Sickness,

Two Months & a half

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore Cem

Date of Burial,

September 3^d

Undertaker,

C. W. Blizzard

Place of Business,

201 Pen Ave

Address *431 Penna. Ave.*

M. D.

Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20570

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of ~~the~~ deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

Years,

Months,

Days.

Color,

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

{ Undertaker,

{ Place of Business,

Address

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

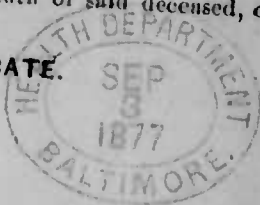
Permit No. 20511

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

September 1, 1877

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents.

Henry Green

Sex, Male or Female, Cross out the word not required in this line.

Age, 56 Years,

Color, White

Months,

Days.

Sex,

Married, Single, ~~Widow~~ or ~~Widower~~, Cross out the words not required in this line.

Occupation, Civil Engineer

Birthplace, State or country (and how long in the United States, if of foreign birth.)

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, Give street and number.

91 Mc Millan St

Cause of Death, First (Primary),
Second (Immediate),

Pneumonia with asthma

Duration of Last Sickness,

One week

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, 4th Sep 1877

Undertaker, H. W. Jenkins

Place of Business, 16 Light St

Address

209 W. Madison St

M. D.

Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to that of

Board of Health, City of Baltimore,

Permit No. 20572

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, Sept. 2 1877
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Israel Diener
Sex, Male or Female, { Cross out the word not required in this line. } Male
Age, 53 Years, 8 Months, — Days.
Color, white
Married, Single, Widow or Widower, { Cross out the words not required in this line. } married
Occupation, Shop Keeper
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Germany
Duration of Residence in the City of Baltimore, 25 years
Place of Death, { Give street and number. } 37 Lancaster
Cause of Death, { First (Primary,) Second (Immediate,) } Consumption of Lungs
Duration of Last Sickness, 8 years
All the above information should be furnished by the Physician.
Place of Burial, W. Hebrew Cemetery
Date of Burial, Sept 4 1877 Abram B. Amos M. D. Medical Attendant.
{ Undertaker, Place of Business, } Oppen Eilan 101 Gough St Address —

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

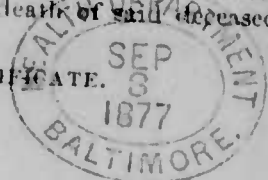
Board of Health, City of Baltimore,

Permit No. 20573,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, Sept 2^d 1877
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Michael O. Curley
Sex, Male ~~Female~~ { Cross out the words not required in this line. }

Age, 1 Years, 13 Months, 13 Days
Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. }

Cause of Death, { First (Primary),
Second (Immediate), }

Duration of Last Sickness, 2 hours

All the above information should be furnished by the Physician.

Place of Burial, St. Peter's Cemetery, Dan. A. M. D.

Date of Burial, Sept 3^d 1877

Undertaker, Geo. Schilling

Place of Business, Asquith St

Address,

Commis of Health
Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Geo. Schilling Undertaker

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

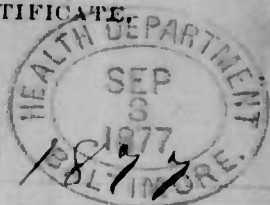
Permit No. *20574*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH!



Date of Death,

September 1st 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents }

Wm J Burke

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age, *7* Years,

7 Months,

27 Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Balto. City

Duration of Residence in the City of Baltimore,

Since birth

Place of Death, { Give street and number. }

Basin op. Swans Wharf

Cause of Death, { First (Primary.)
Second (Immediate.) }

*Accidentally
Drowned*

Duration of Last Sickness,

Short

All the above information should be furnished by the Physician.

Place of Burial, *Matman Cemetery*

Date of Burial, *3 Sept 1877*

{ Undertaker, *John C. Hall*

{ Place of Business, *26 S. Steeple*

R. C. Lee M. D.
Medical Assistant
N. W. Co. Corcoran St.
Address Harrison Barr St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

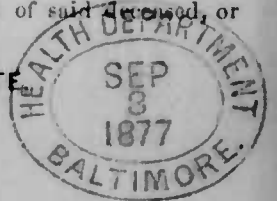
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20575

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE



CERTIFICATE OF DEATH.

Date of Death,

Sept 2nd 1877.

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Rottie H. Ferguson

Sex, Male or Female,

Cross out the word not required in this line.

F

Age,

20

Years,

Months,

Days.

Color,

W.

Sex,

F.

~~Married~~, Single, ~~Widow~~ or ~~Widower~~,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

City

Duration of Residence in the City of Baltimore,

All her life

Place of Death,

Give street and number.

300 E. Madison

Cause of Death,

First (Primary,)

Second (Immediate.)

Typho. Malarial Fever

Duration of Last Sickness,

9 days

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore Ant

Date of Burial,

Sept 4 - 1877

Undertaker,

John J. R. L. L. L.

Place of Business,

Cor Gunpowder Ave

in Monument St

Address

186 Asquith St.

A. T. Remond

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

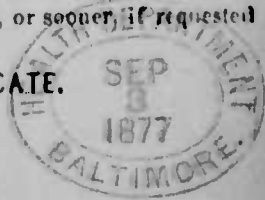
OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20576,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *September 2, 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Alexander Washington Stuart*

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, *68* Years, Months, Days.

Color, *White*.

~~Married, Single, Widow or~~ Widower, { Cross out the words not required in this line. }

Occupation, *Rope Maker*.

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Scotland*

Duration of Residence in the City of Baltimore, *63 years*.

Place of Death, { Give street and number. } *39 N. Exeter St.*

Cause of Death, { First (Primary), Second (Immediate), } *Apoplexy of Brain.*

Duration of Last Sickness, *2 days*

All the above information should be furnished by the Physician

Place of Burial, *Balti Cem*

Date of Burial, *Sept 4, 77*

{ Undertaker, *John J Roden* } Address *75 C. Baltimore St.*

{ Place of Business, *Cor Bennett Ave & Monument St* }

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below

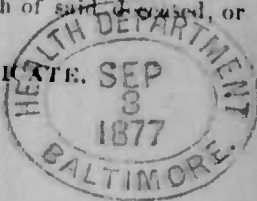
Board of Health, City of Baltimore,

Permit No. 20577

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *September 2^d 1877*

Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents. *J. D. Mauley Hamilton*

Sex, Male or ~~Female~~, Cross out the word not required in this line.

Age, *29* Years, _____ Months, _____ Days.

Color, *White*

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, Cross out the words not required in this line.

Occupation, _____

Birthplace, State or country (and how long in the United States, if of foreign birth.) *Baltimore*

Duration of Residence in the City of Baltimore, *About two years*

Place of Death, Give street and number. *736 Lexington St.*

Cause of Death, First (Primary), *Consumption of the Lungs -*
Second (Immediate), *About one & half years -*

Duration of Last Sickness, *About one & half years -*

All the above information should be furnished by the Physician.

Place of Burial, *Rock Spring -*

Date of Burial, *Sept 4/77*

Undertaker, *Stewart & Murren*

Place of Business, *35 Park Ave*

Medical Attendant, *N. R. McInerney M.D.*

Address *582 W. Fayette St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this certificate.

Board of Health, City of Baltimore,

Permit No. 20578,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

September 3rd 1877

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Howard Eagers

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

Years,

Months,

Days.

Color,

African Race

Sex,

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth. }

Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give street and number. }

Stycker St - No 344

Cause of Death,

{ First (Primary,)

Second (Immediate,)

Convulsions

Apnoea

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Five days

Place of Burial,

Lanier Cemetery

Date of Burial,

Sept 3rd 1877

Undertaker,

Wm Jao Gray

Place of Business,

65 Mulberry St Address

L. G. Spanow M. D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to the use of this Certificate.

Board of Health, City of Baltimore,

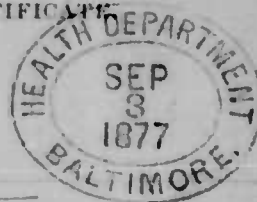
OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20520

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Sep 1 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

John Wentz

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

4 Years,

3 Months,

Days.

Color,

W.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Sailor

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Germany

Duration of Residence in the City of Baltimore,

5 years

Place of Death, { Give street and number. }

190 Conway

Cause of Death, { First (Primary),
Second (Immediate), }

Fatty degeneration of Heart
3 months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Weston Cem

Date of Burial,

Sept. 3rd 1877

{ Undertaker,

Julius Koehler

{ Place of Business,

Cor Sharp & Cross st

Address

J. D. Lueders, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 20521

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, Sept 2^d 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Ann Myers

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 35 Years, Months, Days.

Color, White Sex,

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Fredrick Md

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } City jail

Cause of Death, { First (Primary,) Intemperance
Second (Immediate,) congestion of Brain
sudden death

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, E Public Cemetery George Ogle Coroner

Date of Burial, Sept 2^d 1877

Medical Attendant.

{ Undertaker, C. Steepers Address
{ Place of Business, Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this form.

Board of Health, City of Baltimore,

Permit No. 20572

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, 29th August at 10 o'clock A.M.
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Robert Wm. Hoff
Sex, Male or Female, { Cross out the word not required in this line. }
Age, 7 Years, 3 Months, 4 Days.
Color, white Sex, male
Married, Single, Widow or Widower, { Cross out the words not required in this line. } Boy
Occupation, none
Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore County
Duration of Residence in the City of Baltimore, 4 months
Place of Death, { Give street and number. } 25 Woodyear St. Baltimore
Cause of Death, { First (Primary),
Second (Immediate.) } Diphtheria
Duration of Last Sickness, 4 days
All the above information should be furnished by the Physician.
Place of Burial, Finksburg Md
Date of Burial, Aug 29 1877 C. C. Richardson M. D.
Medical Attendant.
{ Undertaker, Jas. Labalme Address 112 W. Lombard St.
{ Place of Business, Penn Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Special Transit

[OVER.]

The Special Attention of Physicians is Directed to the Following

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20523,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 07. Years,

Months,

Days.

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, *Balt. Heb. Cemetery*

Date of Burial,

{ Undertaker,

{ Place of Business,

Balt. Hebrew Cemetery

10th Riley.

M. D.

Medical Attendant.

Address

47 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. *20524*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Aug. Sept. 2.

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Ellenora Brown

Sex, ~~Male~~ or Female,

Cross out the words not required in this line.

Age,

Years,

8

Months,

6

Days

Color,

Black

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in United States, if of foreign birth.)

Baltimore

Duration of Residence in the City of Baltimore,

since Birth

Place of Death,

Give street and number.

20 Edenhall St

Cause of Death,

First (Primary),

Whooping Cough

Second (Immediate),

Pneumonia

Duration of Last Sickness,

2 weeks

All the above information should be furnished by the Physician.

Place of Burial,

Laurel cemetery

Date of Burial,

Sep 3rd 1877

Undertaker,

Herules Ross

Place of Business,

180 Wm. St.

Thermon Cook

M. D.

Medical Attendant.

Address,

146. Chambers St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the following

Board of Health, City of Baltimore,

Permit No. 20525

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, September 2nd 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Caroline B. Wedel

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 38 Years,

Months,

Days.

Color, White

Sex, Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Primer Georges Co. M.D.

Duration of Residence in the City of Baltimore, Approx 14 Years.

Place of Death, { Give street and number. } No 186 West N. Baltimore Md.

Cause of Death, { First (Primary,) Second (Immediate.) }

Scarlet Uterine

Duration of Last Sickness, 2 Years

All the above information should be furnished by the Physician.

Place of Burial, Primer Georges Co.

Date of Burial, Sept 4th 1877

Undertaker, F. N. Trall

Place of Business, 131 Hanover St

Address, No 205 N. Lombard St

Embodied M. H. H. M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 866

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this form.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20526

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, Sept 2nd
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Jas Harvey Allen
Sex, Male or Female, { Cross out the word not required in this line. }
Age, 55 Years, _____ Months, _____ Days.
Color, (Colored) Sex, _____
Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }
Occupation, Shoemaker
Birthplace, { State or country (and how long in the United States, if of foreign birth. } Virginia
Duration of Residence in the City of Baltimore, 2 months
Place of Death, { Give street and number. } 311 N Ann St
Cause of Death, { First (Primary,) Paralysis (Hemiplegia)
Second (Immediate,) Ischemia
Duration of Last Sickness, 8 months

All the above information should be furnished by the Physician.

Place of Burial, Sauell Ben Samuel Powell M. D.
Date of Burial, Sept 2nd 1877 Medical Attendant.
{ Undertaker, Theo J Locks Address No 29 Arisquit St
{ Place of Business, Jefferson

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 20527

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

September 2nd 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Annie Maria Butler

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age,

Years,

8

Months,

Days.

Color,

African Race

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Balto. City

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give street and number. }

No. 4 Little Pine St.

Cause of Death, { First (Primary,) Second (Immediate,) }

Diphtheria
Two days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept. 3rd 1877

{ Undertaker, Amos H. Bishop Jr.

{ Place of Business, 97 Davis Hill.

Louis W. Knight M. D.

Medical Attendant.

Address 112 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to the Line of Duties.

Board of Health, City of Baltimore,

Permit No. 20528

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER



CERTIFICATE OF DEATH.

Date of Death,

September 2nd 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Gough Swain Mowbray

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Female

Age, Years,

6

Months, Days.

Color,

White

~~Married, Single, Widowed or Widower,~~ { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore City

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give street and number. }

No 49 Park St

Cause of Death, { First (Primary),
Second (Immediate), }

Malaria

Duration of Last Sickness,

Three Months

All the above information should be furnished by the Physician.

Place of Burial, Camp Chapel Cemetery

Date of Burial, Sept 4th 1877

{ Undertaker, H. Froelich

{ Place of Business, 246 Eastern Av

Thomas J. Evanson M. D.
Medical Attendant.

Address No 18 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Note at Once.

Board of Health, City of Baltimore,

Permit No. *20529*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

September 2nd 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Barbara Eybes

Female

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, *11* Years, *3* Months, *3* Days.

Color,

White

~~Married Single, Widowed, or Divorced~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore City

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give street and number. }

No 92 Boston St

Cause of Death, { First (Primary,) Second (Immediate,) }

Cancerum Ovis

Duration of Last Sickness,

Ten days

All the above information should be furnished by the Physician.

Place of Burial, *St. Alphonsus Cemetery*

Date of Burial, *September 3rd 1877*

{ Undertaker, *J. M. Gibmeyer*
Place of Business, *341 Canton St.*

Thomas J. Evans M.D.
Medical Attendant.

Address *No 18 Jackson Place*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

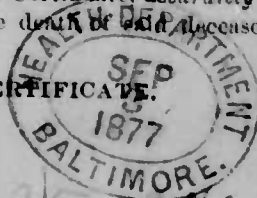
Permit No. 20531

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, September 1st 1877
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Rosetta Thomas
Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }
Age, _____ Years, 15 Months, _____ Days.
Color, African
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation, _____
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } 88 Harmony Lane
Duration of Residence in the City of Baltimore, Since Birth
Place of Death, { Give street and number. } 88 Harmony Lane
Cause of Death, { First (Primary,) Cholera Infantum
Second (Immediate,) Enterocolitis }
Duration of Last Sickness, 3 weeks
All the above information should be furnished by the Physician.
Place of Burial, St. Mary's Cemetery
Date of Burial, Sept 3 1877 R. H. Ellis M. D.
{ Undertaker, William V. Dunge Medical Attendant.
Place of Business, No 10 St. Paul Ave Address Dr. Fayet & Schneider

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the following

Board of Health, City of Baltimore,

Permit No. *20531*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

CERTIFICATE OF DEATH.



Date of Death,

September 1st

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

William L. Park

Sex, Male ~~or Female~~,

{ Cross out the word not required in this line. }

Age,

63

Years,

11

Months,

11

Days.

Color,

White

Sex,

Male

Married, ~~Single~~,

~~Widow or Widower~~

{ Cross out the words not required in this line. }

Occupation,

None

Birthplace,

{ State or country (and how long in the United States, if of foreign birth. }

Boston

Duration of Residence in the City of Baltimore,

63 years

Place of Death,

{ Give street and number. }

301

Adams St

Cause of Death,

{ First (Primary,)

Second (Immediate,)

Brain disease

Apoplexy

3 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Green Mount

Date of Burial,

September 4th 1877

{ Undertaker,

Wm. H. Hickman

{ Place of Business,

234 St. Gay St.

Address

R. Harris

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Deaths.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20532

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, ~~Male~~ or Female,

Cross out the words not required in this line.

Age,

4

Years,

8

Months,

Days

Color,

White

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

Since Birth

Place of Death, { Give street and number. }

108. High

Cause of Death, { First (Primary), }

Second (Immediate), }

Dysentery

Duration of Last Sickness,

All the above information should be furnished by the Physician.

4 days

Place of Burial, Plot Oliver

Date of Burial, Sept 4 1877

Undertaker, W. J. Tucker

Place of Business, 65 S. Eutan

Herndon Brock M.D.

Medical Attendant.

Address, 146 E. Hanover

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

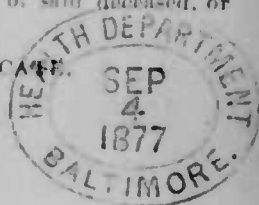
Board of Health, City of Baltimore.

Permit No. 20533,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

3^d September 1877 -

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Margaret Thimafried Cavanaugh

Sex, Male or Female,

Cross out the word not required in this line.

Age,

Years,

13

Months,

25 - Days.

Color,

W

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

295 Hamburg St
Feetling -

Cause of Death,

First (Primary) Second (Immediate)

Marasmus & Inf. Brain

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Bonnie Brae

Date of Burial,

Sept 5th 1877

Undertaker,

Wm. J. Tichenor

Place of Business,

65 S. Eutam

J. M. Boelge M. D.
Medical Attendant.

Address

201 Hanover St
Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the following

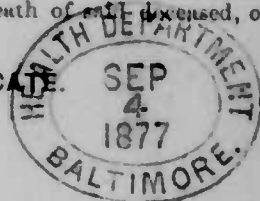
Board of Health, City of Baltimore,

Permit No. 20534

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of any person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *Sept 4th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Mary Ann Kinsky*

Sex, ~~Male or Female~~, { Cross out the word not required in this line. }

Age, *72* Years, Months, Days.

Color, *White* Sex, *Female*

~~Married, Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, *House Keeper*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Germany*

Duration of Residence in the City of Baltimore, *35 Years*

Place of Death, { Give street and number. } *6 Chappell St*

Cause of Death, { First (Primary,) Second (Immediate,) } *Old age Infl. bowels*

Duration of Last Sickness, *14 weeks*

All the above information should be furnished by the Physician.

Place of Burial, *St. Alphonsus* *Geo. R. Reynolds* M. D. Medical Attendant.

Date of Burial, *Sept 5th 1877*

{ Undertaker, *Geo Schilling* Address

{ Place of Business, *Asquith St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

The Special Attention of Physicians is respectfully invited to the following

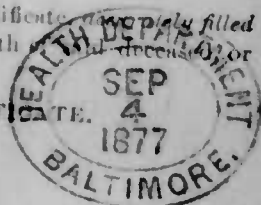
Board of Health, City of Baltimore,

Permit No. 20535

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate ^{properly filled} out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Name John Gottfried William Wiland
Date of Death, Sept 3 1877
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Gottfried William Wiland

Sex, Male ~~on Female~~ { Cross out the word not required in this line. }

Age, 2 Years,

5 Months,

Days.

Color, W

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary), Second (Immediate), }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Wentworth Avenue

Date of Burial, Sept. 5th 1877

{ Undertaker, Charles A. Herold

{ Place of Business, 161 Hanover

Address

S. J. Medaw M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the following

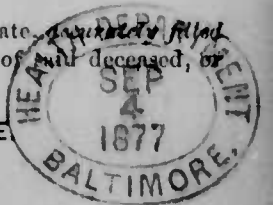
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26536

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of *the deceased*, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE



CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Sex, ~~Male~~ or Female,

Cross out the word not required in this line.

Age,

5

Years,

Months,

Days.

Color,

White

Sex,

Female

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

390

Myrtle St.

Cause of Death,

First (Primary),

Second (Immediate.)

Epilepsy

Alumina

Duration of Last Sickness,

10 days

All the above information should be furnished by the Physician.

Place of Burial,

Beth Cemetery German

Date of Burial,

Sept 5

M. D.

Medical Attendant.

Undertaker,

J. H. Chapman & Son

Address

Place of Business,

262 Penn av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the following

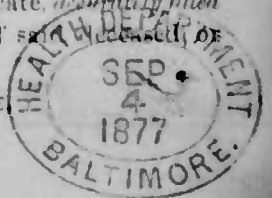
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *20537*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of *any deceased* or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *September 3rd 1877*
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Joseph F. Richards*
Sex, Male or ~~Female~~, { Cross out the words not required in this line. }
Age, *49* Years, *—* Months, *—* Days
Color, *White*
Married, ~~Single~~, ~~Widow~~, ~~Widower~~, { Cross out the words not required in this line. }
Occupation, *Brick Layer*
Birthplace, { State or country (and how long in United States, if of foreign birth.) } *Germany*
Duration of Residence in the City of Baltimore, *43* Years
Place of Death, { Give street and number. } *37 Cross*
Cause of Death, { First (Primary,) *Chronic Alcoholism*
Second (Immediate,) *3 weeks* }
Duration of Last Sickness, *3 weeks*
All the above information should be furnished by the Physician.
Place of Burial, *St. Alphonsus*
Date of Burial, *Sep 5 - 77*
Undertaker, *C. F. Krause*
Place of Business, *209 Hanover St*
Address, *146 Hanover St*
Medical Attendant, *Thermon Costa* M. D.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

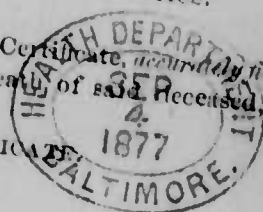
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20538,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said Person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

Sept 30 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Mary Miller

Sex, ~~Male~~ or Female,

Cross out the words not required in this line.

Age,

3

Years,

0

Color,

White

Months,

14

Days

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace, State or country (and how long in United States, if of foreign birth.)

Balto

Duration of Residence in the City of Baltimore,

11

Place of Death, Give street and number.

180 East St

Cause of Death,

First (Primary),

Second (Immediate),

Typhoid Pneumonia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Two weeks

Place of Burial, *St. Alphonsus Cem*

Date of Burial, *Sept 5 1877*

Undertaker, *Henry Stoeck*

Place of Business, *304 Central Ave*

E. C. Jordan M. D.

Medical Attendant.

Address, *166 N. Dexter St*

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20539

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

Sept. 2nd 1877
Ella Thompson

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents }

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, 6 Years, Months, Days.

Color, colored

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, { Give street and number. }

16 Springs Court

Cause of Death, { First (Primary), Second (Immediate), }

Cholera Infantum.
Miasma.

Duration of Last Sickness, Four months.

All the above information should be furnished by the Physician

Place of Burial, Laurel cemetery

Date of Burial, Sept 4

{ Undertaker, John W. Lick

{ Place of Business, 5-9 S. Wolfe St

A. F. Esick M. D.
Medical Attendant.

Address 94 S. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to make

Board of Health, City of Baltimore,

Permit No. 20570

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, September 3rd 4 p.m.

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. Dorothea Gellach

Sex, ~~Male~~ or Female, Cross out the word not required in this line.

Age, 76 Years, c

Color, white

Sex, Female

Days.

Married, ~~Single~~ Widow or Widower, Cross out the words not required in this line.

Occupation, O

Birthplace, State or country (and how long in the United States, if of foreign birth.) Germany

Duration of Residence in the City of Baltimore, 26 years

Place of Death, Give street and number. 192 Schaefer Street

Cause of Death, First (Primary,) Second (Immediate,) Carcinoma. Oculi

Duration of Last Sickness, fifteen months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Sept 4th John J. Filer

Undertaker, F. A. Foll

Place of Business, 131 Hanover St Address 87 W. Euter

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of birth and deaths of illegitimate children.

[OVER.]

K O

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2052/1

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

September 3. 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Easter Rose.

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Female.

Age, 90 Years, Months, Days.

Color,

White

~~Married~~, Single, Widow ~~or Widower~~, { Cross out the words not required in this line. }

Widow.

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore.

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give street and number. }

No. 8 Millers Ay.

Cause of Death, { First (Primary,) Second (Immediate,) }

Organic Disease of Heart.

Duration of Last Sickness,

5 years.

All the above information should be furnished by the Physician

Place of Burial,

Balto Cemetery Co

Date of Burial,

Sept 4th 1877

{ Undertaker,

Wm D Hughes

{ Place of Business,

14 E Balto

J. B. Powell M. D.
Medical Attendant.

Address 224 Carrollton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

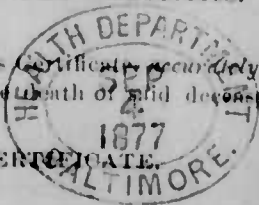
Board of Health, City of Baltimore.

Permit No. 2057/2

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *Sept 4 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Joseph Hartill*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, *3* Years, *3* Months, Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Long Island*

Duration of Residence in the City of Baltimore, *6 months*

Place of Death, { Give street and number. } *136 Saratoga*

Cause of Death, { First (Primary.) Second (Immediate.) } *Diphtheria*
Paralysis of Heart.

Duration of Last Sickness, *17 days*

All the above information should be furnished by the Physician.

Place of Burial, *Balti Cemetery*

Date of Burial, *Sept 5 1877*

Undertaker, *Thos G. Hughes*

Place of Business, *44 E Balto*

J. S. D... M. D.
Medical Attendant.

Address *27 E Broadway*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully called to the fact that this

Board of Health, City of Baltimore,

Permit No. 2052/3,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, and to the Undertaker or other person superintending the burial, within twenty-four hours after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

Sept. 3rd 1877

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Kate Gulensmith

Sex, Male or Female,

{ Cross out the word not required in this line. }

Female

Age,

1 Years,

6 Months,

14 Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Baltimore City

Duration of Residence in the City of Baltimore,

Life time

Place of Death,

{ Give street and number. }

No. 173, E. Durham St.

Cause of Death,

{ First (Primary,) }

{ Second (Immediate,) }

Intussusception

Duration of Last Sickness,

4 Days

All the above information should be furnished by the Physician.

Place of Burial,

St. Paulus Cemetery

Date of Burial,

Sept 4th 1877

{ Undertaker,

C. Eckhard

{ Place of Business,

269 Canton Ave

Address

244 Bank St.

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully directed to the following

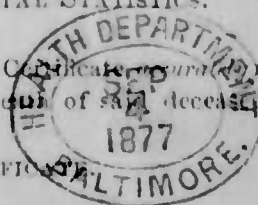
Board of Health, City of Baltimore,

Permit No. *20574*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *to be filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *September 3rd*

Full Name of Deceased, *John A. Miniford*

Write legibly and spell correctly. If an infant not named, give names of parents.

Sex, *Male* or *Female*

Cross out the words not required in this line.

Age, *1* Years, *1* Months, *7* Days

Color, *White*

Married, Single, Widow or Widower, *Single*

Cross out the words not required in this line.

Occupation, *Butcher*

Birthplace, *Baltimore*

State or country (and how long in United States, if of foreign birth.)

Duration of Residence in the City of Baltimore, *Since Birth*

Place of Death, *26 Church St*

Give street and number.

Cause of Death, *Inanition*

First (Primary),
Second (Immediate).

Duration of Last Sickness, *Since Birth*

All the above information should be furnished by the Physician.

Place of Burial, *Cedar Hill*

Date of Burial, *Sept 4 1877*

Undertaker, *John M. Miniford*

Place of Business, *26 Church St*

Horace Cook M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The SPECIAL ATTENTION OF PHYSICIANS IS RESPECTFULLY REQUESTED TO BE PRESENTED TO THE BOARD OF HEALTH

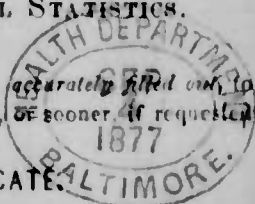
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *20545*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, *or sooner if requested*, so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *September 3^d 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Anna Virginia Kuster,*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *26* Years, *10* Months, *5* Days.

Color, *White*

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Maryland*

Duration of Residence in the City of Baltimore, *15 years.*

Place of Death, { Give street and number. } *287 N. Broadway*

Cause of Death, { First (Primary,) Second (Immediate,) } *Consumption of the Lungs*

Duration of Last Sickness, *3 mos*

All the above information should be furnished by the Physician.

Place of Burial, *Greenmount Cemetery*

Date of Burial, *Sept 5th 1877*

{ Undertaker, *Fry & Bro*

{ Place of Business, *54 N. Broadway*

J. H. Horck, M. D.
Medical Attendant.

Address *75 E. Balt^o St.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 2052/6

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *Sept 3rd*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Almyra Chalk*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *35* Years, *11* Months, *11* Days.

Color, *White*

Married, ~~Single~~, ~~Widow~~, or ~~Widower~~, { Cross out the words not required in this line. } *Single*

Occupation, *Pin maker*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore*

Duration of Residence in the City of Baltimore, *15 years*

Place of Death, { Give street and number. } *128 South St*

Cause of Death, { First (Primary, Second (Immediate, } *Malaria - Typhoid Fever -*

Duration of Last Sickness, *4 days*

All the above information should be furnished by the Physician.

Place of Burial, *Linden Park*

Date of Burial, *Sept 5*

(Undertaker, *C. H. Bazzano*

(Place of Business, *201 Pin an* Address

W. H. Mann M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 20547

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 42 Years,

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

Undertaker,

Place of Business,

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

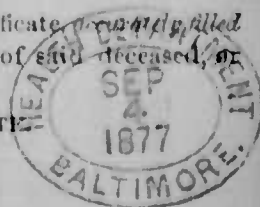
Board of Health, City of Baltimore,

Permit No. 20578,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ^{properly filled} out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of ^{deceased} ~~said~~ deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

Sept 3rd 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Amy Mason

Sex, ~~Male~~ Female,

Cross out the words not required in this line.

Age,

Years,

1

Months,

Days

Color,

Black

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in United States, if of foreign birth.)

Balt City

Duration of Residence in the City of Baltimore,

Life

Place of Death,

Give street and number.

133 Little Vine St

Cause of Death,

First (Primary),

Teething

Second (Immediate),

Summer Complaint

Duration of Last Sickness,

8 months

All the above information should be furnished by the Physician.

Place of Burial,

Laurel Cemetery

Date of Burial,

Sept 5 1877

James A. Steens M.D.

Undertaker,

S. W. Chase

Address,

Comm of Health

Place of Business,

S. Howard St

Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information of Joseph Mason father

The Special Attention of Physicians is respectfully invited to the following regulations.

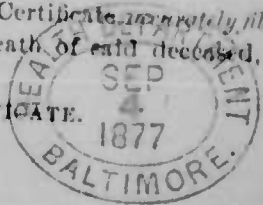
Board of Health, City of Baltimore.

Permit No. 20549

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *separately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

4 September 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

William Read

Sex, Male or Female, { Cross out the words not required in this line. }

Male

Age, 3 Years, 6 Months, Days

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) }

Baltimore City

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give street and number. }

St Vincent's Infant Asylum

Cause of Death, { First (Primary.) }

Tuberculous Meningitis

{ Second (Immediate.) }

Coma

Duration of Last Sickness,

8 days

All the above information should be furnished by the Physician.

Place of Burial, Catholic Church

Date of Burial, Sept 5th 1877

Marbury Brewer

M. D.

Medical Attendant.

{ Undertaker, Geo. Saffran }

{ Place of Business, 121 N. Calverly }

Address, 201 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

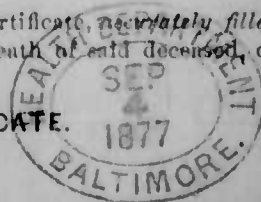
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20550

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *carefully filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *Sept 3rd 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named give names of parents. } *Resin Boone*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, *34* Years, Months, Days.

Color, *Black* Sex, *Male*

Married, ~~Single~~, ~~Widow~~, ~~Widower~~, { Cross out the words not required in this line. } *Married*

Occupation, *Laborer*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Anne Arundel Co. Md.*

Duration of Residence in the City of Baltimore, *about 12 years*

Place of Death, { Give street and number. } *12 Temple St*

Cause of Death, { First (Primary,) Second (Immediate,) } *Phthisis Pulmonalis following Pneumonia*

Duration of Last Sickness, *Four months*

All the above information should be furnished by the Physician.

Place of Burial, *Calvary Evangelical Church* *W. B. A. Thell M. D.*

Date of Burial, *Sept 4* Medical Attendant.

{ Undertaker, William A. Dwyer } Address *211 Broadway.*

{ Place of Business, 62 East St }

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on this Certificate.

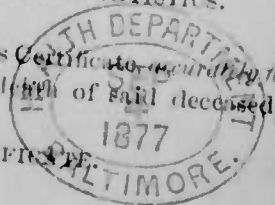
Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20531,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *Sept 14 1877*
Full Name of Deceased, *Grace Biscoe*
Sex, *Female* (Cross out the words not required in this line.)
Age, *24* Years, _____ Months, _____ Days
Color, *Black*

Married Single, *Widow* ~~or Widower~~ (Cross out the words not required in this line.)
Occupation, *Servant*

Birthplace, *St Marys Co Md* (State or country (and how long in United States, if of foreign birth.)
Duration of Residence in the City of Baltimore, *52 years*

Place of Death, *28 Bath St* (Give street and number.)
Cause of Death, *Inflammation of Brain* (First (Primary), Second (Immediate),)

Duration of Last Sickness, *one week*
All the above information should be furnished by the Physician.

Place of Burial, *Asbury E. Cemetery*
Date of Burial, *Sept 15 1877*
Undertaker, *W. M. Dungey* *J. M. Stenard M.D.*

Place of Business, *East St* Address, *Commis of Health*
Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, *except in cases of births and deaths of illegitimate children.*
Information by J. M. Creek Nurse [over.]

Board of Health, City of Baltimore,

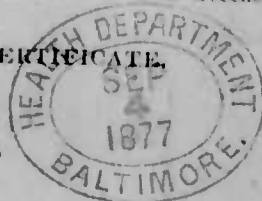
Permit No. 20552

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, September 1st 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Frank Henry Smith

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 19 Years, _____ Months, _____ Days.

Color, Black

~~Married~~, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, None

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } No 13 Lehrman Alley

Cause of Death, { First (Primary,) Second (Immediate,) } Infantile Marasmus
Exhaustion

Duration of Last Sickness, For the last year.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 4 1877

Undertaker, B. H. Chase

Place of Business, No 175 Howard St

Robert H. Miffline

M. D.

Medical Attendant.

Address No 427 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

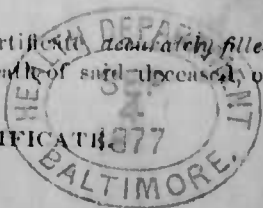
Board of Health, City of Baltimore,

Permit No. 20553

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

Sept. 1st 1877

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Harriet B. Smith

Sex, ~~Male~~ or Female,

Cross out the word not required in this line.

Age,

Years,

Months,

Days.

Color,

colored

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Balto.

Duration of Residence in the City of Baltimore,

During life

Place of Death,

Give street and number.

28 Peach alley

Cause of Death,

First (Primary),
Second (Immediate),

Acute Hydrocephalus
One week

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Laurel Cemetery

Date of Burial,

Sept 4. 77

Undertaker,

J. W. Chase

Place of Business,

W. Howard St

Address

262 Sharp St.

R. M. Hall M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *20532*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *Sept 3^d 1877*
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Matilda Prince*
Sex, *Male* or Female, { Cross out the word not required in this line. }
Age, _____ Years, *6* - Months, _____ Days.
Color, *W*
Married, Single, Widow or Widower, { Cross out the words not required in this line. } *"*
Occupation, *"*
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Wilmington Del*
Duration of Residence in the City of Baltimore, *one month*
Place of Death, { Give street and number. } *N. 64 S. Poppleton St*
Cause of Death, { First (Primary,) Second (Immediate,) } *Marasmus*
Duration of Last Sickness, *two months*
All the above information should be furnished by the Physician.
Place of Burial, *Western Cemetery*
Date of Burial, *Sept 5*
Undertaker, *J B Cook*
Place of Business, *707 West Baltimore*
Address, *28 Franklin St*
M. D. *J H Maltman*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

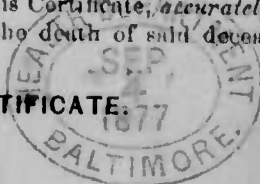
Board of Health, City of Baltimore,

Permit No. 20555

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

Sept 4

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Louis Ducommun

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age, 38 Years,

7

Months, 2-5

Days.

Color, White

Sex,

Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Widower

Occupation,

Stone Cutter

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Baltimore City

Duration of Residence in the City of Baltimore,

Since Birth

Place of Death, { Give street and number. }

40 Bayview St

Cause of Death, { First (Primary), Second (Immediate), }

Phthisis Pulmonalis

Duration of Last Sickness,

3 years

All the above information should be furnished by the Physician.

Place of Burial,

Leaden Park Cemetery & Wombles

Date of Burial,

Sept 5

M. D.

Medical Attendant.

Undertaker, L B Cook

Place of Business, 407 West Baltimore

Address 203 W Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 20536

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of *any person*, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Sept 4 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

John G. Blair

Sex, Male or Female, { Cross out the words not required in this line. }

Age, *Twenty-five* Years,

Months,

Days

Color,

White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Machinist

Birthplace, { State or country (and how long in United States, if of foreign birth.) }

Baltimore Md

Duration of Residence in the City of Baltimore,

During life

Place of Death, { Give street and number. }

No 136 Madison St

Cause of Death, { First (Primary),
Second (Immediate), }

Heart Disease

Duration of Last Sickness,

About four Months

All the above information should be furnished by the Physician.

Place of Burial,

Linden Park

Date of Burial,

Sept 5

{ Undertaker,

C. W. B. Blair

{ Place of Business,

220 Broadway

Address,

37 Mulberry St

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is especially invited to the following

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20537

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, Sept. 3. 77

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry W. Nothman

Sex, Male ~~or Female~~, { Cross out the words not required in this line. }

Age, 37 Years, 6 Months, 35 Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Cigar Maker

Place, { State or country (and how long in United States, if of foreign birth.) } Balto. Md.

Duration of Residence in the City of Baltimore, 37 yrs. (inc. 4 51 days.)

Place of Death, { Give street and number. }

* 235 E. Madison St. { Softening of brain

Cause of Death, { First (Primary,) } Chronic Dysentery contracted in army during

Exhaustion -

Duration of Last Sickness, Confined to house for several months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery.

Date of Burial, September 5. 1877 Geo. A. Hartman M. D.

Medical Attendant.

{ Undertaker, W. H. Hager.

{ Place of Business, * 23 W. Fayette St. Address, * 305 N. Caroline St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the following

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20558,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

Sept 4th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Elenora J. Person

Sex, Male or Female,

Cross out the word not required in this line.

Age,

Years,

2

Months,

16

Days.

Color,

W.

Sex,

F.

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

City.

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

81 N. Bethel St

Cause of Death,

First (Primary),

Second (Immediate).

Marasmus.

Duration of Last Sickness,

2 wks

All the above information should be furnished by the Physician.

Place of Burial,

St. Thomas Cemetery H. J. Remond

M. D.

Date of Burial,

Aug 30th 1877

Medical Attendant.

Undertaker,

Thos. J. Pro

Address

Eastern Dispensary

Place of Business,

54 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2055 9

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE



CERTIFICATE OF DEATH.

Date of Death, Sept 11 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sophie Moore

Sex, ~~Male~~ Female, { Cross out the words not required in this line. }

Age, 16 Years, 11 Months, Days

Color, white

Married, ~~Single~~ ~~Widow~~ ~~Widower~~ { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Cecil Corrid

Duration of Residence in the City of Baltimore, 30 years

Place of Death, { Give street and number. } 116 N. Green St

Cause of Death, { First (Primary.) Second (Immediate.) } Cancer of Larynx

Duration of Last Sickness, 4 years

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Sept 16 1877

{ Undertaker, J. B. Cook } M. D. Medical Attendant,

{ Place of Business, Balto St } Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 24564

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Sept 4 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents. Mary A Manning

Sex, ~~Male~~ Female,

Cross out the word not required in this line.

Age,

19

Years,

3

Months,

Color,

White

Sex,

Female

Days.

~~Married~~, Single, ~~Widow~~, ~~or~~ ~~Widower~~,

Cross out the words not required in this line.

Occupation,

Agent

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

New York

Duration of Residence in the City of Baltimore,

5 Months

Place of Death,

Give street and number.

17 Constitution

Cause of Death,

First (Primary),

Second (Immediate),

Pneumonia Pulmonalis

Duration of Last Sickness,

6 weeks

All the above information should be furnished by the Physician.

Place of Burial,

St. Patrick's Cemetery

Date of Burial,

Sept 5 1877

Geo. B. Reynolds M. D. Medical Attendant.

Undertaker,

James D. Byrne

Place of Business,

403 N. Front St.

Address 43 1/2 Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20561

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, Sept 4 1877

Full Name of Deceased, John W. Locke
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the words not required in this line. }

Age, 4 Years, 4 Months, 14 Days

Color, Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Baltimore

Duration of Residence in the City of Baltimore, 4 months 14 days

Place of Death, { Give street and number. } No 338 N. Lombard St.

Cause of Death, { First (Primary), } Cholera Infantum

{ Second (Immediate), } Convulsions

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Fallis. St. Cemetery

Date of Burial, Aug 5.

{ Undertaker, John W. Locke

{ Place of Business, 59 S. Wolfe St

Wm. L. Russell M.D.
Medical Attendant.

Address, Broadway

Madison St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 20562

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of *the deceased*, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, Sept. 4th 8 1.00 m.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Emma B. Allen

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 5 Years, 1 Months, 20 Days.

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore

Duration of Residence in the City of Baltimore, during life

Place of Death, { Give street and number. } 205 North Eutaw St

Cause of Death, { First (Primary,) Second (Immediate,) } Diphtheritis

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, September 6th 1877

{ Undertaker, Jacob Weaver Address 11 South High St

{ Place of Business, No 486 David Hill St

St. Ingoshertzer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on this Certificate.

Board of Health, City of Baltimore,

Permit No. 20563

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Sept 4th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Richard J. Roberts

Sex, Male or Female. { Cross out the words not required in this line. }

Age, Three

Years,

Four

Months,

Three

Days

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) }

Baltimore, Md

Duration of Residence in the City of Baltimore,

Lifetime

Place of Death, { Give street and number. }

No 71 George St

Cause of Death, { First (Primary), Second (Immediate), }

Hydrocephalus

Duration of Last Sickness,

About four Months

All the above information should be furnished by the Physician.

Place of Burial,

W. 9th St. Cemetery

Date of Burial,

Sept 5th 1877

Undertaker,

Joseph H. Cook

J. E. Roberts

M. D.

Medical Attendant.

Place of Business,

407 West Baltimore

Address,

87 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 20564

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

CERTIFICATE OF DEATH.



Date of Death, Sep. 4, 1877.

Full Name of Deceased, Magdalena Kirner

Sex, ~~Male~~ or Female, ☒ Cross out the word not required in this line.

Age, Seven Years, Eleven Months, Days.

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, ☒ Cross out the word not required in this line.

Occupation,

Birthplace, Maryland

Duration of Residence in the City of Baltimore, Seven years eleven months

Place of Death, 27 South Wolfe St. Baltimore

Cause of Death, Typhus fever

Duration of Last Sickness, Fifteen days

All the above information should be furnished by the Physician

Place of Burial, Alphonsus Cemetery

Date of Burial, September 5th

Undertaker, Ambrose Koehler

Place of Business, 244 E. Lombard Address 375 E. Baltimore St. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

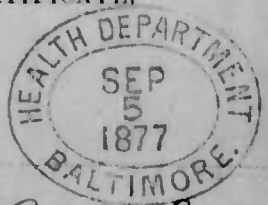
OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 205687

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Sept. 3rd 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Frank Breaner,

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

4 Years,

Months,

Days.

Color,

white,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Balt. Md.

Duration of Residence in the City of Baltimore,

Since birth

Place of Death, { Give street and number. }

69 N. Wash. St.

Cause of Death, { First (Primary,) Second (Immediate,) }

Diphtheria,
bacterial war,

Duration of Last Sickness,

Seven days,

All the above information should be furnished by the Physician.

Place of Burial,

Alphons. Cemetery

Date of Burial,

5th September

A. Clawson, M. D.
Medical Attendant.

{ Undertaker, Ambrose Koehler

{ Place of Business, 214 E. Lombard St.

Address Balt. & Wash. Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20566

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Sept 3rd
Elizabeth Onion

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents }

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, 75 Years,

Months,

Days.

Color,

White

~~Married~~, Single, Widow ~~Widow~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Maryland

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

76 Chest St.

Cause of Death, { First (Primary,) Second (Immediate,) }

Cancer Womb
about 6 months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

St. Paul's Church
Philip Jenkins

M. D.

Date of Burial, Sept 3rd 1877

Medical Attendant.

{ Undertaker,

Jas P Byrnes

Address

2 Cathedral St

{ Place of Business,

63 Front St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

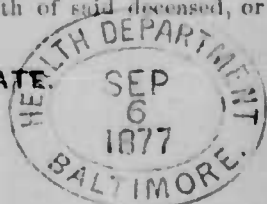
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *20567*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

Sept 4th 1877

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents }

Mr. Edward Johnson
Male

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

Years,

Five (5)

Months,

Twenty Seven Days.

Color,

Black

Sex,

Male

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth. }

City of Balt

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give street and number. }

No 3, Stockholm St.

Cause of Death,

{ First (Primary,)

Second (Immediate,)

Marasmus.

Duration of Last Sickness,

10, Days,

All the above information should be furnished by the Physician.

Place of Burial,

Shespeeth Cemetery

Date of Burial,

Sept 6 1877

Undertaker,

William Dunge

Place of Business,

No 10 Stockdale Alley

Mr. D. Blane

M. D.

Medical Attendant.

Address,

140, South St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 20568

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *Sept 5th 1877*
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Charles Chase*
Sex, Male or Female, { Cross out the word not required in this line. }
Age, *26* Years, Months, Days.
Color, *Colored*
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation, *Labourer*
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Calicut C. Ind*
Duration of Residence in the City of Baltimore, *2 yrs*
Place of Death, { Give street and number. } *Saratoga St. Apt. 10*
Cause of Death, { First (Primary,) Second (Immediate,) } *Accidental, falling of Load Boat*
Duration of Last Sickness, *sudden death*

All the above information should be furnished by the Physician.

Place of Burial, *Levee Cemetery*
Date of Burial, *Sept 6 1877*
Undertaker, *William V. Dungey*
Place of Business, *No 108 York St. Baltimore*
Address, *Beale & Cyle Coroners M. D. Medical Attendant.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 20569

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, September 5th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Elise Christian Alver

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, One Years, One Months, 20 Days.

Color, Light Brunette Sex, Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 25 Green St.

Cause of Death, { First (Primary,) Diphtheria
Second (Immediate,) Asphyxia

Duration of Last Sickness, About 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, September 6th 1877

{ Undertaker, Peter Hammer

{ Place of Business, 317 Mulberry St.

Wm. Dickson

M. D.

Medical Attendant.

Address 261 Madison Av.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

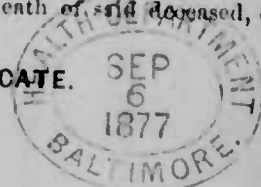
Board of Health, City of Baltimore,

Permit No. 24570

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *September 4 - 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Daniel Charles Wollman*

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, *Thirty* Years, _____ Months, *Twelve* Days.

Color, *White* Sex, *Male*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Single*

Occupation, *Cigar maker*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore City*

Duration of Residence in the City of Baltimore, *Entire life*

Place of Death, { Give street and number. } *49 Frederick Ave.*

Cause of Death, { First (Primary,) Second (Immediate,) } *Pulmonary Tuberculosis Hemoptysis*

Duration of Last Sickness, *Fifteen months*

All the above information should be furnished by the Physician.

Place of Burial, *Western Cemetery*

Date of Burial, *September 6th 1877* *C. E. McDowell* M. D. Medical Attendant.

{ Undertaker, *John P. Ray* Address *91 Frederick Ave*

{ Place of Business, *66 Frederick Ave* *290 Madison Ave*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 211571

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *September 4*
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Maria Scott*
Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }
Age, *Seventy One* Years, Months, Days.
Color, *Black*
~~Married, Single, Widow or Widower,~~ { Cross out the words not required in this line. } *Married*
Occupation,
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Chestertown Kent Co Md*
Duration of Residence in the City of Baltimore, *Thirty years*
Place of Death, { Give street and number. } *236 West St*
Cause of Death, { First (Primary.) Second (Immediate.) } *Old Age*
Duration of Last Sickness, *One Month*

All the above information should be furnished by the Physician.

Place of Burial, *Sharp St*
Date of Burial, *September 6 1877*
{ Undertaker, *Harold & Sons*
Place of Business, *180 West St*

Julius Hall M. D.
Medical Attendant.
Southern Dispensary
Address *43 Conway St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 20572

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

September 4th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Friedricha Rues

Sex, ~~Male~~ Female,

Cross out the word not required in this line.

Female

Age,

52

Years,

2

Months,

Days.

Color,

White

Married, ~~Single~~ Married,

Cross out the words not required in this line.

Married

Occupation,

Birthplace, State or country (and how long in the United States, if of foreign birth.)

Prussia (Germany)

Duration of Residence in the City of Baltimore,

25 years

Place of Death, Give street and number.

No 313 Rebecca St

Cause of Death,

First (Primary,)
Second (Immediate,)

Cancer of the Uterus.

Duration of Last Sickness,

12 months

All the above information should be furnished by the Physician.

Place of Burial,

Mt Carmel Cemetery

Date of Burial,

Sept 6th 1877

Thomas J. Evans M. D.
Medical Attendant.

Undertaker,

Henry Jander

Place of Business,

25th Canton St

Address No 18 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20573.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

September 5th.

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Charity Brown

Sex, ~~Male~~ or Female,

Cross out the words not required in this line.

Age,

70

Years,

—

Months,

—

Days

Color,

Black

~~Married~~ Single, ~~Widow~~ or ~~Widower~~,

Cross out the words not required in this line.

Occupation,

Midwife

Birthplace,

State or country (and how long in United States, if of foreign birth.)

Baltimore

Duration of Residence in the City of Baltimore,

Since Birth

Place of Death,

Give street and number.

257. Hughes St.

Cause of Death,

First (Primary),

Hypertrophy of the Heart

Second (Immediate),

Dropsy

Duration of Last Sickness,

3 Months

All the above information should be furnished by the Physician.

Place of Burial,

Laurel Cemetery

Date of Burial,

Sept 6

Undertaker,

F. Davis

Place of Business,

10.103. Lee St.

Address,

146 Waverly St.

M.D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish in forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

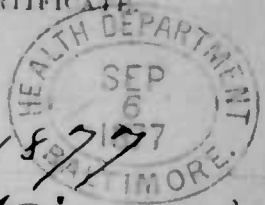
Permit No. 20874

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

September 5th 1877
Cynthia Parkinson
Female

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 79 Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Widow

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Maryland

Duration of Residence in the City of Baltimore,

50 years

Place of Death, { Give street and number }

342 N. Broadway

Cause of Death, { First (Primary,) Second (Immediate,) }

Debility from old age
One month

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial,

Sept 7th 1877

Samuel J. Knight M. D.
Medical Attendant.

{ Undertaker,

J. J. Rhoades

Address,

102 N. Greene St.

{ Place of Business

209 N. Greene St. + Green Mount

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 20575

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, Sept. 1st 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lloyd Harmon

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, about 70 Years, Months, Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Unknown

Occupation, Butcher

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } ~~24 Peach at~~ Unknown

Duration of Residence in the City of Baltimore, Unknown

Place of Death, { Give street and number. } 24 Peach at

Cause of Death, { First (Primary,) Second (Immediate,) } Cramp Colic

Duration of Last Sickness, Short

All the above information should be furnished by the Physician.

Place of Burial, Public Cemetery

Date of Burial, Sept 1

{ Undertaker, M. H. B. Jones } R. C. Lee M.D. Medical Attendant

{ Place of Business, 442 Broadway } Address N. W. at Carver St. Harmon & Barre St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20576

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

September 5th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Margarette Krause

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Age,

1

Years,

6

Months,

5

Days.

Color,

white

Sex,

female

~~Married~~, Single, ~~Widow~~ or ~~Widower~~,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth. }

Baltimore Md.

Duration of Residence in the City of Baltimore,

lifetime

Place of Death,

{ Give street and number. }

N. 25 China Alley.

Cause of Death,

{ First (Primary), }

{ Second (Immediate), }

Intermittent fever

General Cachexia & Hydrops.

Duration of Last Sickness,

6 weeks

All the above information should be furnished by the Physician.

Place of Burial,

St. Alphonsus

Date of Burial,

Sep 7 - 77

{ Undertaker,

C. F. Krause

{ Place of Business,

208 Hanover st

Address

165 W. Lombard St

Henry Salzer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

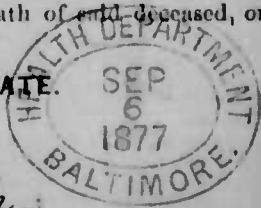
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20577

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

5th Sept 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

John Brady

Sex, Male or Female,

Cross out the word not required in this line.

Age,

4

Years,

+

Months,

+

Days.

Color,

White

Sex,

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Balt.

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

No 9

Prince Alley

Cause of Death,

First (Primary),

Second (Immediate),

Pneumonia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Three weeks

Place of Burial,

St. Patrick's S.C.

Wm. H. Patrick

M. D.

Date of Burial,

Medical Attendant.

Undertaker,

Wm. H. Patrick

Place of Business,

26 S. Collington Ave

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is especially invited to the requirements of this form.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *24578*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *Sep 5. 77*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Geo Fornaster Sr*

Sex, *Male or Female*, { Cross out the words not required in this line. }

Age, *65* Years, Months, Days

Color, *WHA*

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, *carpenter*

Birthplace, { State or country (and how long in United States, if of foreign birth.) } *md*

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } *161 W Lombard*

Cause of Death, { First (Primary,) *Hepatitis*
Second (Immediate,) }

Duration of Last Sickness, *10 days*

All the above information should be furnished by the Physician.

Place of Burial, *Balto Cemetery*

Date of Burial, *Sept 7-1877*

{ Undertaker, *Wm J. Tickney*
Place of Business, *W S Cutaw Sr* }

Ch Samlanyan M. D.
Medical Attendant.

Address, *129 W Biddle*

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20579

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *Sept 5 1877*

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. *Margaret Hogarth*

Sex, ~~Male~~ or Female, Cross out the word not required in this line.

Age, *44* Years, Months, Days.

Color, *white* Sex,

~~Married~~, Single, Widow or ~~Widower~~, Cross out the words not required in this line.

Occupation, *Housekeeper*

Birthplace, State or country (and how long in the United States, if of foreign birth.) *Baltimore*

Duration of Residence in the City of Baltimore,

Place of Death, Give street and number. *St. Joseph's Hospital*

Cause of Death, First (Primary,) Second (Immediate.) *Phthisis Exhaustion*

Duration of Last Sickness, *About one year*

All the above information should be furnished by the Physician.

Place of Burial, *Wincent's Cemetery*

Date of Burial, *Sept 6 1877*

Undertaker, Place of Business, *James D. Byrne No 63 N. Kent St*

Address *188 N. Calvert St*

George J. Costery M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. *20580*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

Sept 5 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Mary Ann Corney

Sex, *Male* or Female, { Cross out the word not required in this line. }

Age, *28* Years, *9* Months, Days.

Color, *White*

Married, *Single*, *Widow* or *Widower*, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

239 Columbia St

Cause of Death, { First (Primary,) Second (Immediate,) }

Inflammation of Brain

Duration of Last Sickness,

10 days

All the above information should be furnished by the Physician.

Place of Burial, *St Patrick's Cemetery*

Date of Burial, *Sept 7 1877*

{ Undertaker, *James B. Byrne*

{ Place of Business, *No 63 N Front St*

John Barron M. D.
Medical Attendant.

Address *99 Arch St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20581

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *Sept 6th 77*
Full Name of Deceased, *Alfred James J. Todd*
Sex, *Male* ~~Female~~ { Cross out the word not required in this line. }
Age, *18* Years, *8* Months, *Days*
Color, *White* Sex, *male*
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation,
Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore*
Duration of Residence in the City of Baltimore,
Place of Death, { Give street and number. } *108 Enoch St*
Cause of Death, { First (Primary,) Second (Immediate,) *Non inflammatory Diarrhea*
Duration of Last Sickness, *Eight Months*
All the above information should be furnished by the Physician.
Place of Burial, *Dorchester Co*
Date of Burial, *Sept 7th 1877*
{ Undertaker, *Joseph E. Byrne* Address *Park Ave & Mulberry St.*
{ Place of Business, *59 on Liberty*

Dr. J. J. Day M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 867

[OVER.]

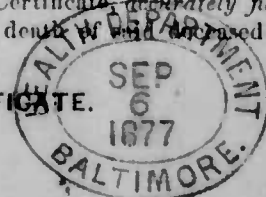
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20582

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *Sept 5th*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Rebecca Hilliard*

Sex, Male or Female, { Cross out the word not required in this line. } *Female*

Age, _____ Years, *4* _____ Months, _____ Days.

Color, *Colored* Sex, _____

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Balto*

Duration of Residence in the City of Baltimore, *Life time*

Place of Death, { Give street and number. } *Cor Spring & Orleans*

Cause of Death, { First (Primary,) *Capillary Bronchitis*
Second (Immediate,) *Hydrocephalus*

Duration of Last Sickness, *4 weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Laurel Green* *E. H. Rutledge* M. D.
Date of Burial, *Sept 5 1877* Medical Attendant.

{ Undertaker, *Theo J Soaks* Address *151 Disgust St*
{ Place of Business, *56 Jefferson St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 20583

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

Sept. 6th, 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Charles P. Lutz

Sex, Male ~~Female~~

(Cross out the word not required in this line.)

Age,

8 Years,

7 Months,

Days.

Color,

white

~~Married, Single, Widow or Widower,~~

(required in this line.)

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore City

Duration of Residence in the City of Baltimore,

Since birth.

Place of Death,

Give street and number.

90 S. Dushaw St.

Cause of Death,

First (Primary).
Second (Immediate).

Cerebro Spinal Meningitis.
Nineteen days.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

St. Alphonsus Cem.

Date of Burial,

Sept. 8th '77

A. F. Erick

M. D.

Medical Attendant.

Undertaker,

Michael France

Place of Business,

No 280 Canton Ave

Address

94 S. Broadway,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

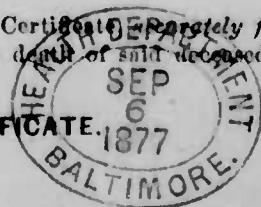
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20584

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~to be~~ ^{to be} ~~filled~~ ^{filled} out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, September 6th 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Emel Albert. Brecht

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 13 months Months, Days.

Color, White Sex, Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, O

Birthplace, { State or country (and how long in the United States, if of foreign birth. } No 4 White Street

Duration of Residence in the City of Baltimore, O

Place of Death, { Give street and number. } No 2 White Street

Cause of Death, { First (Primary,) Anigina pectoris { Second (Immediate,) or Emphysema

Duration of Last Sickness, Two Days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Sept 7th 1877 John L. Zilzer.

M. D.

Medical Attendant.

{ Undertaker, C. Wiegand

{ Place of Business, 53 Brigid Hill Ave

Address N. 81 N. Nord Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20585

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

Sept 4 77 Elizabeth B. Thompson

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 3 Years, 7 Months, 18 Days.

Color, negro - Sex, Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Balto. Md

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give street and number. }

16 Bolton St

Cause of Death, { First (Primary,) Second (Immediate,) }

diphtheria

Duration of Last Sickness, 1 week - Tho I did not see child until it died.

All the above information should be furnished by the Physician.

She was murdered

Place of Burial, Mt Vernon

Date of Burial, Sept 7 1877

Ref W. Parry M. D. Medical Attendant.

Undertaker, B. H. Chase

Place of Business, No 198 Howard

Address

87 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

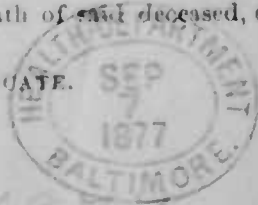
OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20586

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the words not required in this line. }

Age, 21 Years, Months, 1 Days

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore, 16 years

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sep 7 1877

{ Undertaker, H. W. Chase }

{ Place of Business, 178 Howard }

J. A. Gilman M. D.
Medical Attendant.

Address, 150 W. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20587

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said decedent, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Sept 4th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Mary Gibson

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, about 30 Years,

Months,

Days.

Color,

Colored

Sex,

Female

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Laundress

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Easton Shore Md

Duration of Residence in the City of Baltimore,

11 years

Place of Death, { Give street and number. }

120 Gasper St

Cause of Death, { First (Primary,) Second (Immediate,) }

Verdemic Poisoning
convulsions

Duration of Last Sickness,

about two days

All the above information should be furnished by the Physician.

Place of Burial, Lauree Cemetery

Elias C Price M. D.
Medical Attendant.

Date of Burial, Sept 9 1877

{ Undertaker, J. M. Chase

Address

262 Mead. St

{ Place of Business, No 198 Howard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 20588

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Sept. 5th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Charles William Green

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age,

3

Years,

8

Months,

Days.

Color,

Black

Sex,

Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give street and number. }

26 Winter St

Cause of Death, { First (Primary),
Second (Immediate), }

Scarlatinal albuminuria
uraemia

Duration of Last Sickness,

3 days

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Sept 7 1877

Engelbert Cordell M. D.
Medical Attendant.

{ Undertaker, H W Chase
Place of Business, No 198 S Howard

Address 125 N. Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20589

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Sept 5th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Charlotte Young
Female

Sex, Male or Female, { Cross out the words not required in this line. }

Age, 54 Years,

Months,

11 Days

Color,

Celand

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Married

Occupation,

House Keeper

Birthplace, { State or country (and how long in United States, if of foreign birth.) }

Balto. City

Duration of Residence in the City of Baltimore,

Since birth

Place of Death, { Give street and number. }

305 Hamilton St.

Cause of Death, { First (Primary),
Second (Immediate). }

Inflammation of the Brain
1 Month

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 8 1877

{ Undertaker, J. H. Chase

{ Place of Business, 1019 1/2 Howard St.

R. B. Lee M.D.
Medical Attendant.

N. W. C. W.

Address, Hamilton Barn St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *20590*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

September 6th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Lillie Johnson

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Age,

2

Years,

9

Months,

Days.

Color,

Colored

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Baltimore Md

Duration of Residence in the City of Baltimore,

all her life

Place of Death,

{ Give street and number. }

No 15. Lombard St.

Cause of Death,

{ First (Primary.) }

Cerebro Spinal Meningitis

{ Second (Immediate.) }

" "

Duration of Last Sickness,

3 weeks

All the above information should be furnished by the Physician.

Place of Burial,

Sharp St Cemetery

Date of Burial,

Sept 7 1877

{ Undertaker,

W. Chase

{ Place of Business,

No 198 Howard St

Address S.E. Cor. Green & Mulberry

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

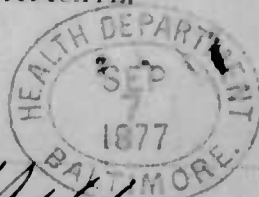
OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20591

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Sept 6th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Charles Henry Apple

Sex, Male or Female, { Cross out the word not required in this line. }

male

Age,

61 Years,

Months,

Days.

Color,

white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Laborer

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Germany

Duration of Residence in the City of Baltimore,

21 yrs

Place of Death, { Give street and number. }

5 Braman Court

Cause of Death, { First (Primary,) Second (Immediate,) }

Phthisis Pulmonalis

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Western cemetery

Date of Burial,

Sept 8 1877

{ Undertaker,

Charles B. Herule

{ Place of Business,

161 Hanover St

Address

119 Edmondson Ave

John Henry Hill M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *20592*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *Sept 7 1894*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *John P. Phipps*

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *73* Years, Months, Days.

Color, *White* Sex,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, *Baltimore*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore*

Duration of Residence in the City of Baltimore, *40*

Place of Death, { Give street and number. } *1210 Aratoga St*

Cause of Death, { First (Primary),
Second (Immediate). } *Paralysis*

Duration of Last Sickness, *Two Days*

All the above information should be furnished by the Physician.

Place of Burial, *Mount Olivet Cemetery*

Date of Burial, *Sept 7 1894*

Undertaker, *J. B. Cook* Address, *1749 W. Baltimore Street*

Place of Business, *1749 W. Baltimore Street*

Edw. J. Phipps M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *20593*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Sept 6th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Mary F Foster

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

36

Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Married

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

Life time

Place of Death,

{ Give street and number. }

1033 Poppleton

Cause of Death,

{ First (Primary) Second (Immediate) }

Pulmonary Consumption

Duration of Last Sickness,

Six months

All the above information should be furnished by the Physician.

Place of Burial,

Mount Olivet Cemetery

J J Knig's St

Date of Burial,

Sept 7th 1877

M. D.

Medical Attendant.

{ Undertaker,

J B Cook

{ Place of Business,

10704 W Baltimore Street

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 20594

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Sept. 6th, 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Eva Swaine

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

Years,

Ten

Months,

one

Day

Color,

White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Balto.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

44 75 Winchester St.

Cause of Death, { First (Primary,) Second (Immediate,) }

Whooping Cough, Diphtheria & Pneumonia
Convulsions

Duration of Last Sickness,

four days

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Sept 7th 1877

Undertaker, Hughes & Co

Place of Business, Fayette St

J. J. Kautzman M. D.
Medical Attendant.

Address 44 75 Winchester St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20595

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, Sept 7th, 1877.

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. Ann Eliza Berry.

Sex, Male or Female, Cross out the word not required in this line.

Age, 51 Years, Months, Days.

Color, Sex,

~~Married~~, Single, Widow or ~~Widower~~, Cross out the words not required in this line.

Occupation, none

Birthplace, State or country (and how long in the United States, if of foreign birth.) Philadelphia.

Duration of Residence in the City of Baltimore, 19 or 20 years.

Place of Death, Give street and number. 191 David Hill Ave.

Cause of Death, First (Primary), Second (Immediate). Phthisis.

Duration of Last Sickness, Several years

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, 9th Sep 1877 —

Undertaker, Hy N. Jenkins & Son

Place of Business, 16 Light St Address

Sam Smith, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *20596*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *Sept. 6. 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Ernest M. Kerner*

Sex, *Male* or ~~Female~~. { Cross out the words not required in this line. }

Age, *25* Years, _____ Months, _____ Days

Color, *White*

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~. { Cross out the words not required in this line. }

Occupation, *Cabinet Maker*

Birthplace, { State or country (and how long in United States, if of foreign birth.) } *Germany, Bader, Ind.*

Duration of Residence in the City of Baltimore, *Since birth*

Place of Death, { Give street and number. } *Cor. Madison, Gay & Central Aves.*

Cause of Death, { First (Primary), *Typhoid fever*
Second (Immediate), *Paralysis of Brain* }

Duration of Last Sickness, *5 weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Balto Cem*

Date of Burial, *Sunday 8 Sept*

{ Undertaker, *Mrs Meyer*

{ Place of Business, *Howard St*

Geo. A. Nathan M.D.
Medical Attendant.

Address, *305 McCarrine St.*

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20597

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

CERTIFICATE OF DEATH.



Date of Death,

Sept 6, 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Richard Manning

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 1 Years, one Months, 15 Days.

Color, White Sex, Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

118 - George St - (City)

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

118 George St - (City)

Cause of Death, { First (Primary,) Second (Immediate,) }

Enteritis

Duration of Last Sickness,

Two Weeks

All the above information should be furnished by the Physician.

Place of Burial,

Southern Park

Date of Burial, September 7th 1877

H. G. Brock M. D.
Medical Attendant

{ Undertaker,

Jacob Weaver

{ Place of Business, 486 Druid Hill Ave.

Address Cor Carey & Prattman Streets City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 20598

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

September 5th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Margaret Ann Henry

Sex, Male or Female,

Cross out the word not required in this line.

Female.

Age,

Forty two

Years,

Months,

Days.

Color,

Colored

Sex,

Married, Single, Widowed or Divorced,

Cross out the words not required in this line.

Married

Occupation,

House Keeping.

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Cambridge, Dorchester Co. Mass.

Duration of Residence in the City of Baltimore,

Nineteen Years.

Place of Death,

Give street and number.

204 West St.

Cause of Death,

First (Primary.)

Second (Immediate.)

Gastro Enteritis.

Duration of Last Sickness,

Two days

All the above information should be furnished by the Physician.

Place of Burial,

Lauriel Cemetery

Geo. H. Brown, M.D.

Date of Burial,

September 7

257 Montgomery St. M.D.

Undertaker,

Herold Ross

Geo. W. Benson M.D.

Place of Business,

180 West St

Address

141 Hanover St

City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20599.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *Sept 6. 1877.*
 Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Rachel A. Johnson*
 Sex, Male or Female, { Cross out the word not required in this line. } *F*
 Age, *2* Years, *3* Months, *0* Days.
 Color, *C* Sex, *F*
 Married, Single, Widow or Widower, { Cross out the words not required in this line. }
 Occupation,
 Birthplace, { State or country (and how long in the United States, if of foreign birth. } *City.*
 Duration of Residence in the City of Baltimore,
 Place of Death, { Give street and number. } *4 S. Dallas St*
 Cause of Death, { First (Primary,) *Pertussis*
 { Second (Immediate,) *Pneumonia*
 Duration of Last Sickness, *3 wks*

All the above information should be furnished by the Physician.

Place of Burial, *E. Pub Cemetery* *W. W. White* M. D.
 Date of Burial, *Sept 7 1877* Medical Attendant.
 Undertaker, *E. Sheepek* Address *Eastern Dispa*
 Place of Business, *Pratt St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20600

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Sept. 6th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Virginia Joyce

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 13 Years, 6 Months, 1 Days.

Color, Caucasian

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

15 Oxford St.

Cause of Death, { First (Primary,) Second (Immediate,) }

Consumption of Lungs
Exhaustion

Duration of Last Sickness,

About 8 months

All the above information should be furnished by the Physician.

Place of Burial,

St. James St.

Date of Burial,

Sept 7 1877

{ Undertaker,

{ Place of Business,

W. B. Griffith

M. D.

Medical Attendant.

Address 60 N. Calvert St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 20601

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *Sept 3 1877*

Full Name of Deceased, *J. P. Curran*

Sex, *Male* ~~Female~~

Age, *35* Years, *White* Months, *0* Days.

Color, *White* Sex, *Male*

Married, *Single*

Occupation, *Dr. Curran*

Birthplace, *I. Cobain*

Duration of Residence in the City of Baltimore, *6 weeks*

Place of Death, *Howard House*

Cause of Death, *Epilepsy*

Duration of Last Sickness, *4 days*

All the above information should be furnished by the Physician.

Place of Burial, *Columbia S. C.*

Date of Burial, *Sept 10 1877*

Undertaker, *J. P. Curran*

Place of Business, *22 N. Tenth St*

Address, *185 N. Tenth St*

J. P. Curran M. D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said City, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 868

[OVER]

Board of Health, City of Baltimore.

Permit No. 20602

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *carefully filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, Sept 6
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Anna Lammhan
Sex, Male or Female, { Cross out the words not required in this line. }
Age, 3 Years, 6 Months, — Days
Color, White
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation,
Birthplace, { State or country (and how long in United States, if of foreign birth.) } Baltimore
Duration of Residence in the City of Baltimore, Since Birth
Place of Death, { Give street and number. } 635 Light St
Cause of Death, { First (Primary,) Diphtheria
Second (Immediate,) Cholera }
Duration of Last Sickness, 6 Days
All the above information should be furnished by the Physician.
Place of Burial, St Peters Cemetery
Date of Burial, September 8th
{ Undertaker, B. Clark }
{ Place of Business, 411 Light St }
Address, 146 Hanover St
Medical Attendant, Thosdon G. G. M. D.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 20603,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Sex, Male or Female,

Cross out the word not required in this line.

Age,

Thirty Three

Years,

—

Months,

—

Days.

Color,

white

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Engineer

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

City

Duration of Residence in the City of Baltimore,

33 yrs

Place of Death,

Give street and number.

Malster & Wharf, Station St.

Cause of Death,

First (Primary),
Second (Immediate),

Drowning

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Hampton Willage

Date of Burial,

September 7th 1877

Undertaker,

H. H. Gibmeyer

Place of Business,

361 Canton Ave

[Signature] M. D.
Medical Attendant.
[Signature]
Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. *20604*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER



CERTIFICATE OF DEATH.

Date of Death, *Sept 6th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Perry Jones*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, *53* Years, Months, Days.

Color, *Black* Sex, *Male*

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, *Farmer*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore Md.*

Duration of Residence in the City of Baltimore, *Four months*

Place of Death, { Give street and number. } *293 East Ave*

Cause of Death, { First (Primary,) Second (Immediate,) } *Consumption*

Duration of Last Sickness, *Four months*

All the above information should be furnished by the Physician.

Place of Burial, *Greenwood*

Date of Burial, *Sept 8th 1877*

{ Undertaker, Place of Business, } *Jm P Gray 65 meeting St*

Christopher Johnston
Dr J Edwin Michael M. D.
Medical Attendant.
Cor. Franklin & Port
Address *246 Mad. Ave*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20605

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

Sep. 6. 1877-

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Maynard Page Jr.

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years,

Months,

12 Days.

Color,

Negro

Sex,

Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

3 Brewer Alley,

Duration of Residence in the City of Baltimore,

During life,

Place of Death, { Give street and number. }

3 Brewer Alley,

Cause of Death, { First (Primary,) Second (Immediate,) }

Enteritis, Granular -

Duration of Last Sickness,

7 days -

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery,

Date of Burial, Sept 9th 1877

{ Undertaker, J. M. Gray,

{ Place of Business, 65 Maryland St

Address

J. L. Lyle M. D.
Medical Attendant.

247 Lincolnton St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No. 20606

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, Sept. 7th. 1877

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. James C. Sherman

Sex, Male or Female, Cross out the word not required in this line.

Age, Years, 10 Months, 17 Days.

Color, white,

Married, Single, Widow or Widower, Cross out the words not required in this line.

Occupation,

Birthplace, State or country (and how long in the United States, if of foreign birth.)

Balt. Med.

Duration of Residence in the City of Baltimore, since birth

Place of Death, Give street and number.

390 S. Gay St.

Cause of Death, First (Primary), Second (Immediate),

Cholera Infantum
Fleecingitis,
from Chills,

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore County

Date of Burial,

Sept 9th 1877

G. Clawell, M. D.
Medical Attendant.

Undertaker, H. Fischli

Place of Business, 246 Eastern Ave

Address Balt. Med. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, if the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the date and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

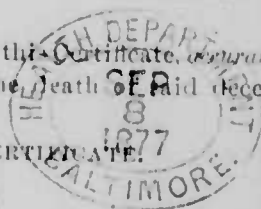
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20607

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *separately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

Sept 7th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Maggie Terber

Sex, ~~Male~~ Female,

{ Cross out the words not required in this line. }

Age,

Years,

Months,

21

Days

Color,

white

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in United States, if of foreign birth.) }

Baltimore City

Duration of Residence in the City of Baltimore,

Life

Place of Death,

{ Give street and number. }

52 S. Wolf St

Cause of Death,

{ First (Primary,) }

{ Second (Immediate,) }

Convulsions

Duration of Last Sickness,

8 days

All the above information should be furnished by the Physician.

Place of Burial,

St. Alphonsus

Date of Burial,

Sept 8th 1877

Undertaker,

John Brown

Place of Business,

53 S. Register St

Address,

Commis of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by John Brown Undertaker

Board of Health, City of Baltimore,

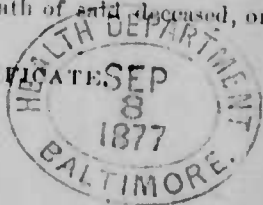
Permit No. 20608

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

CERTIFICATE OF DEATH.



Date of Death, *Sept 7th 1877*
Full Name of Deceased, *John Conway*
Sex, Male or Female, *Male*
Age, *18* Years, *0* Months, *0* Days.
Color, *White*
Married, Single, Widow or Widower, *Single*
Occupation, *Irishman*
Birthplace, *Ireland*
Duration of Residence in the City of Baltimore, *4* Years
Place of Death, *No. 124, S. Chestnut*
Cause of Death, *Typhoid Fever*
Duration of Last Sickness, *Two Days*
Place of Burial, *Cathedral Cem.*
Date of Burial, *Aug 8th 1877*
Undertaker, *Chas. T. Scrivener*
Place of Business, *271 N. Eutan*

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 20609

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Sept 7th 77

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

John Blundel

Sex, Male or Female,

Cross out the word not required in this line.

Age,

2

Years,

3

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Maryland

Duration of Residence in the City of Baltimore,

Lifetime

Place of Death,

Give street and number.

90 N. Kim St.

Cause of Death,

First (Primary.)

Second (Immediate.)

Meningitis

Duration of Last Sickness,

2 weeks

All the above information should be furnished by the Physician

Place of Burial,

Holy Cross Cemetery

Date of Burial,

Aug 8th 1877

Wm. Brooke Boyle

M. D.

Medical Attendant.

Undertaker,

Chas. D. Driver

Address

116 E. Bay St.

Place of Business,

27 N. E. E. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

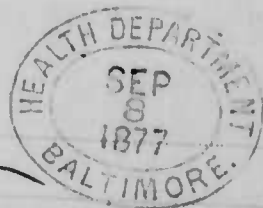
Permit No. 20610

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Sept 7th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Maria Mercier

Sex, ~~Male~~ Female,

{ Cross out the word not required in this line. }

Age,

84

Years,

Color,

White

Months,

Days.

Sex,

Female

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth. }

Maryland

Duration of Residence in the City of Baltimore,

8 years -

Place of Death, { Give street and number. }

234 Pennsylvania Ave

Cause of Death,

{ First (Primary),

Second (Immediate), }

Anasarea from Heart Disease
Old age

Duration of Last Sickness,

Three years -

All the above information should be furnished by the Physician.

Place of Burial,

Mount Olivet

Date of Burial,

Sept 11/77

Undertaker,

C. E. Bryant

Place of Business,

Y.

Address

396 W. Fayette

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20611

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

September 4th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Charles Alberta Phillips

Sex, Male or Female,

Cross out the words not required in this line.

Female

Age,

3

Years,

8

Months,

11

Days

Color,

White

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace, (State or country (and how long in United States, if of foreign birth.)

Baltimore City

Duration of Residence in the City of Baltimore,

Since Birth

Place of Death, (Give street and number.)

45 S. Bond St.

Cause of Death,

First (Primary.)

Pertussis

Second (Immediate.)

Pneumonia

Duration of Last Sickness,

One Week

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore City

Date of Burial,

Sept. 9th 1877

Undertaker,

Richard Smith

Place of Business,

10 S. Bond St.

Address,

G. L. Wilkins M.D.
Medical Attendant
77 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 21612,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Sept. 7th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Elizabeth C. C. C. C.

Sex, Male or Female, { Cross out the words not required in this line. }

Female

Age, 37 Years, Months, Days

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Married

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) }

Dohne Germany

Duration of Residence in the City of Baltimore,

7 years

Place of Death, { Give street and number. }

268 S. Dallen St.

Cause of Death, { First (Primary.) Second (Immediate.) }

Cerebral Apoplexy

Duration of Last Sickness,

Two days

All the above information should be furnished by the Physician.

Place of Burial, St. Mary's Church

Date of Burial, Sept. 11th

Undertaker, W. S. Smith

Place of Business, 1033 S. Dallen St.

Edward Miller M.D.
Medical Attendant.

Address, 1033 S. Dallen St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

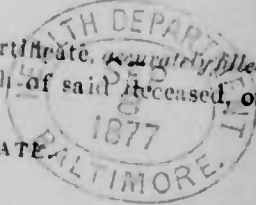
Board of Health, City of Baltimore,

Permit No. 20613,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

Sept 8th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Etta S. Wilson

Sex, ~~Male~~ Female, { Cross out the words not required in this line. }

Age, *Twenty two* Years,

Color, *White*

Months,

Days

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, *none*

Birthplace, { State or country (and how long in United States, if of foreign birth.) }

Baltimore City

Duration of Residence in the City of Baltimore,

During life

Place of Death, { Give street and number. }

79 North West St.

Cause of Death, { First (Primary), Second (Immediate), }

*Acute Dysentery & inflammation of the uterus
Congestion of the brain*

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, *Baltimore Cemetery*

Date of Burial, *Aug 10 1877*

Undertaker, *J. H. Brown*

Place of Business, *154 N Broadway*

William A. Taylor M.D.

Medical Attendant.

Address, *Broadway, N. E. Elmyer*

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. *20614*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Sept 8th, 1887

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents.

Edmund C. Parker

Sex, Male ~~or Female~~, Cross out the word not required in this line.

Age,

Years,

Months,

Days,

Color,

White

Sex,

Male

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, Cross out the words not required in this line.

Occupation,

Birthplace, State or country (and how long in the United States, if of foreign birth.)

53 Liberty St North

Duration of Residence in the City of Baltimore,

Place of Death, Give street and number.

53 N Liberty St

Cause of Death, First (Primary), Second (Immediate).

Non closure of the frame of the

Duration of Last Sickness,

11 days

All the above information should be furnished by the Physician.

Place of Burial,

New Cath. Bur Grounds

Date of Burial,

Sept 8th

J. H. Ennis

M. D.

Medical Attendant.

Undertaker,

J. H. Ennis

Place of Business,

22 E May St

Address

185 Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore.

Permit No. 20 615

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Sept. 7. 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Frances Smith

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

88 Years,

Months,

Days.

Color,

White

~~Married~~, Single, Widow or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Maryland

Duration of Residence in the City of Baltimore,

60 Years

Place of Death, { Give street and number. }

Cor. George & Fremont St.

Cause of Death, { First (Primary,) Second (Immediate,) }

Old Age

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Smith Cemetery

Date of Burial, Sept 8 - 1877

{ Undertaker, J.B. Blackintonson

{ Place of Business, 606 Batz St

J.H.C. Cuddy,

M. D.

Medical Attendant.

Address

363 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 20616

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Sept 7 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Louisa Gertrude Johnson

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

Years,

5

Months,

4

Days.

Color,

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

md

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give street and number. }

157 W. Biddle St

Cause of Death,

{ First (Primary.) }

Inflammation of Intestines

{ Second (Immediate.) }

Duration of Last Sickness,

3 weeks

All the above information should be furnished by the Physician.

Place of Burial,

Green Mount

Date of Burial,

Sept 9th 1877

Undertaker,

Chas T Scriven

Place of Business,

271 N. Eutaw St

Address

Chas Stanfield

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 20617,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, *or* sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *Sept. 7th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Maggie Pittenbrough*

Sex, Male or Female, { Cross out the word not required in this line. } *Female*

Age, *41* Years, *3* Months, *3* Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Married*

Occupation, *German*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Germany*

Duration of Residence in the City of Baltimore, *30*

Place of Death, { Give street and number. } *No. 116 S. Chappel St.*

Cause of Death, { First (Primary.) Second (Immediate.) } *Typhoid Fever*

Duration of Last Sickness, *30*

All the above information should be furnished by the Physician.

Place of Burial, *St. Alphonsa Cemetery*

Date of Burial, *September 9th*

{ Undertaker, *Wendelin Dippel*

{ Place of Business, *S. Bond St. 151*

Address *244 B...*

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 20618.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

September 8th 8 Am. 1877.

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Edward Miller.

Sex, Male or Female,

Cross out the word not required in this line.

Male

Age,

79

Years,

10

Months,

Days.

Color,

white

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Widower

Occupation,

Farmer

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Kent County, Md

Duration of Residence in the City of Baltimore,

50 years

Place of Death,

Give street and number.

221 Orleans St. near Broadway

Cause of Death,

First (Primary),

Chronic disease of Stomach Kidneys & Bladder

Second (Immediate),

Dysentery, and broken down system of same marasmus.

Duration of Last Sickness,

about two years

All the above information should be furnished by the Physician.

Place of Burial,

Green Mount Cemetery

Date of Burial,

10 Sept 4 6 Clock

Undertaker,

George C. Rodemayer

Place of Business,

38 Essex Street

L. O. D. Shime, M. D.

Medical Attendant.

Address

#86 E. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 20619

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *Friday Afternoon Sept 1st*
Full Name of Deceased, *Johanna Cavanaugh* { Write legibly and spell correctly. If an infant not named, give names of parents.
Sex, Male or Female, *Female* { Cross out the word not required in this line.
Age, *40* Years, Months, *6* Days.
Color, *White*
Married, Single, Widow or Widower, *Married* { Cross out the word not required in this line.
Occupation, *Laundress*
Birthplace, *Ireland* { State or country (and how long in the United States, if of foreign birth).
Duration of Residence in the City of Baltimore, *Seven years*
Place of Death, *# 16 Hill Street* { Give street and number.
Cause of Death, { First (Primary,) *(Child birth) Shoulder dislocation*
Second (Immediate,) *4 1/2 diameters of the pelvic cavity was not more than 2 1/4 inches, was in labor some days, but failed to deliver the child.*
Duration of Last Sickness, *one day*
All the above information should be furnished by the Physician
Place of Burial, *St. Vincent's Cemetery*
Date of Burial, *September 8*
{ Undertaker, *James J. Smith*
{ Place of Business, *101 N. Front St.* Address *# 25 1/2 B. & O. Ave.*
M. D. *William B. Smith*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

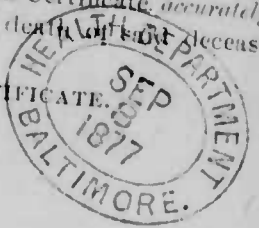
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20620

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

Sep 1. 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Freda

Sex, Male or Female, { Cross out the words not required in this line. }

Female

Age,

Years,

Color,

White

Months,

20

Days

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) }

Balt. City

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give street and number. }

St Vincent's Infant Asylum

Cause of Death, { First (Primary.) Second (Immediate.) }

Spasms.

Duration of Last Sickness,

24 hours

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, July 10. 1877

Undertaker, Samuel Bowen

Place of Business, 156 Division St.

Marbury Brewer M. D. Medical Attendant.

Address, 701 W. Middle

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

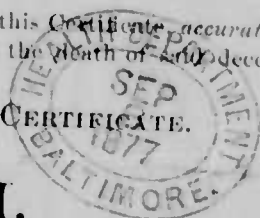
Board of Health, City of Baltimore,

Permit No. 2062

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, Sept. 6th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John T. Leonard

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 27 Years, _____ Months, _____ Days.

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } Married

Occupation, Brakeman

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Maryland

Duration of Residence in the City of Baltimore, _____

Place of Death, { Give street and number. } Washington Univ. Hospital

Cause of Death, { First (Primary), Second (Immediate), } Injury to internal organs causing Hemorrhage (Internal)

Duration of Last Sickness, 12 hrs.

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Sept 9th 1877

Undertaker, Wm Lloyd

Place of Business, Woodberry Square Md

Address, Wash. Univ. Hosp.

Chas B. Gaylor M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. *27622*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *Sept. 8th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *May H. Swansberg*

Sex, *Male* or Female, { Cross out the word not required in this line. }

Age, *22* Years, Months, Days.

Color, *White*

Sex,

Married, *Single*, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore*

Duration of Residence in the City of Baltimore, *About 11 years.*

Place of Death, { Give street and number. } *349 Ramsey St.*

Cause of Death, { First (Primary), Second (Immediate.) } *Albuminuria*
Respiratory Coma.

Duration of Last Sickness, *36 Hours.*

All the above information should be furnished by the Physician.

Place of Burial, *Lanox Park Cemetery*

Date of Burial, *Sept 10*

Undertaker, *J. B. Clark*

Place of Business, *408 West Baltimore*

Address

67 N. Guilford St.

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name; sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 20623,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, Sept 8th 1877,

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents } Sarah C. Morris

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 62 Years, _____ Months, _____ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } France

Duration of Residence in the City of Baltimore, 40 years

Place of Death, { Give street and number. } 213 Madison Avenue

Cause of Death, { First (Primary,) Second (Immediate,) } Chronic Congestion of Spinal Chord
Paralysis

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, September 10th 1877

Undertaker, Jacob Weaver

Place of Business, No 476 Druid Hill Ave

Thomas Shearer M. D.
Medical Attendant.

Address 97 N. Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 20 624

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 7 11 A.M.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Elizabetha Kelly

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age, 57. Years, 0 Months, 0 Days.

Color, White Sex, Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, 0

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, Thirty Years.

Place of Death, { Give street and number. } Madison Av. Extnd

Cause of Death, { First (Primary,) Enteritis. Second (Immediate,) 10 days.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Saint Peters Cemetery

Date of Burial, Sept 11 1877 John S. Eitzer.

M. D.

Medical Attendant.

{ Undertaker, Jacob Weaver

{ Place of Business, 104 & 6 Druid Hill Avenue Address 81 Nord Eutan.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

Permit No. 206257

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, Sep. 8. 77.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Harry John Sharp.

Sex, ~~Male or Female~~, { Cross out the word not required in this line. } male

Age, Years, 14 Months, Days.

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Md

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 226 Constitution St

Cause of Death, { First (Primary,) Intestinal inflammation
Second (Immediate,) meningitis }

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cemetery

Date of Burial, Sept 9 1877

Undertaker, Geo. Schilling

Place of Business, Ashland Square

G. L. Taneyhill

M. D.

Medical Attendant.

Address 129 W. Reddle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 20626

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 7th 1877

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. Harriet Dryden

Sex, ~~Male~~ Female, { Cross out the words not required in this line. }

Age, 36 Years, _____ Months, _____ Days

Color, Col

~~Married~~ ~~Single~~ Widow ~~Widower~~ { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Accomac Co Va

Duration of Residence in the City of Baltimore, 7 years

Place of Death, { Give street and number. } 84 Church St

Cause of Death, { First (Primary,) Second (Immediate,) } Consumption

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Mt. Pub Cemetery

Date of Burial, Sept 9th 1877

Undertaker, C. Shepperd

Place of Business, Pratt St

Address, Commis of Health & Registrar

Medical Attendant, J. M. D.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Sarah Savage her Sister [OVER.]

Permit No. 20627

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this ~~Certificate~~, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *Sept 8, 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Mary Susana Padonko*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *12* Years, _____ Months, _____ Days.

Color, *white*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Harford Co. Md.*

Duration of Residence in the City of Baltimore, *One year*

Place of Death, { Give street and number. } *114 Parkin St.*

Cause of Death, { First (Primary,) Second (Immediate,) } *Diphtheria*

Duration of Last Sickness, *One week*

All the above information should be furnished by the Physician.

Place of Burial, *Baltimore Cemetery*

Date of Burial, *the 10th September 1877*

{ Undertaker, *Ph. Q. Dill.* Place of Business, *183 Columbia Ave.* }

Address *379 W. Lombard St.*

A. L. E. Dyer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 20628

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *Sept. 8th 1877*
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Hermina Foster*
Sex, Male or Female, { Cross out the word not required in this line. } *Male*
Age, *2* Years, *2* Months, Days.
Color, *White*
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation,
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore*
Duration of Residence in the City of Baltimore, *Life*
Place of Death, { Give street and number. } *Care of Chopland St. Balt.*
Cause of Death, { First (Primary,) Second (Immediate,) } *Spasm*
Duration of Last Sickness, *One day*
All the above information should be furnished by the Physician.
Place of Burial, *5th Ger. Reform St. Paul Bt.*
Date of Burial, *Sept 9th*
{ Undertaker, *H. Froehlich* Address *246 Eastern Ave.*
Place of Business, *246 Eastern Ave.*

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 20629

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

September 7th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Cora J. Matthews

Sex, ~~Male~~ or Female,

Cross out the word not required in this line.

Age,

25

Years,

Months,

Days.

Color,

White

Sex,

Female

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Maryland

Duration of Residence in the City of Baltimore,

Ten years

Place of Death,

Give street and number.

308 Ramsey St

Cause of Death,

First (Primary),

Second (Immediate),

Pneumonia

Duration of Last Sickness,

Ten days

All the above information should be furnished by the Physician.

Place of Burial,

Western Cemetery Thomas, Opw

M. D.

Date of Burial,

Sept 9th

Medical Attendant.

Undertaker,

Wm. H. Leonard & Son

Address

396 N. Fayette

Place of Business,

782 W. Baltimore st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

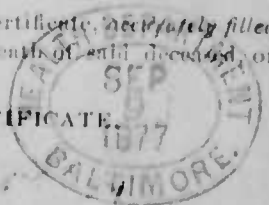
Board of Health, City of Baltimore,

Permit No. 20630

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *carefully filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

Sept 8th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Elvia Iola Ryan

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

1

Years,

4

Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

158 Mc Henry St

Duration of Residence in the City of Baltimore,

Since Birth

Place of Death, { Give street and number. }

158 Mc Henry St

Cause of Death, { First (Primary,) Second (Immediate,) }

Tubes Mesenterica

Duration of Last Sickness,

5 months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

J. J. Knight

M. D.

Medical Attendant.

Date of Burial, Sept 10

Undertaker, J. B. Cook

Place of Business, 707 West Baltimore

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20631,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Sept. 8th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Emma & John Fisher

Sex, ~~Male~~ Female,

Cross out the words not required in this line.

Age,

Years,

Months,

10 hours Days

Color,

Cal

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in United States, if of foreign birth.)

Balt. City

Duration of Residence in the City of Baltimore,

Life

Place of Death,

Give street and number.

9 Ten foot alley

Cause of Death,

First (Primary),

Second (Immediate),

Convulsion

Duration of Last Sickness,

all its life

All the above information should be furnished by the Physician.

Place of Burial,

E. Pub. Cemetery

Date of Burial,

Sept 9 1877

Undertaker,

C. Shepperd

Place of Business,

Pratt St

Address,

Commis. of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Susan Morgan Medwick

Board of Health, City of Baltimore,

Permit No. 20632

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Sept 8th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Annie M. Winters,

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

8

Years,

11

Months,

Days.

Color,

Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore City

Duration of Residence in the City of Baltimore,

Since Birth

Place of Death, { Give street and number. }

97 Lee St.

Cause of Death, { First (Primary,) Second (Immediate,) }

Scarlet Fever
Dropsy.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Lacret Cemetery

Date of Burial,

Sept 10. 77

{ Undertaker,

James P. Mos

{ Place of Business,

W. H. Mos

Address

161 Sharp St.

L. A. Bell

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 20633

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, September 7th 1877-

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William James

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 9 Months, Days.

Color, Colored Sex, male

Married, Single, Widowed or Widower, { Cross out the words not required in this line. }

Occupation, none

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 9 months -

Place of Death, { Give street and number. } 4 Norris Alley

Cause of Death, { First (Primary,) Inanition
Second (Immediate,) }

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Secret burying

Date of Burial, Sep 10 1877

C. H. Hollbrook M. D.
Medical Attendant.

{ Undertaker, Samuel H. Chase

{ Place of Business, 88 Howard St Address 395 Lamar St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20634

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, Sept 6, 77

Full Name of Deceased, Rebecca Gout

Sex, ~~Male~~ or Female, Female

Age, 26 Years, 0 Months, 0 Days

Color, Rbk

Married, Single, Widow or ~~Widower~~, Single

Occupation, Washwoman

Birthplace, West River Md

Duration of Residence in the City of Baltimore, 12 yrs

Place of Death, 88 E. E. St. Cider ab

Cause of Death, Disease of Heart

Duration of Last Sickness, Few Hours

All the above information should be furnished by the Physician.

Place of Burial, Second cemetery

Date of Burial, Sep 7 1877

Undertaker, J. A. Gorman

Place of Business, 23 South Ave

Address 349 E. E. St. Lewis M. E. Ashmun, M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 206357

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *Sept. 8th, 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Lina Vinup*

Sex, Male or Female, { Cross out the word not required in this line. } *female*

Age, *15* Years, *2* Months, *16* Days.

Color, *white*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *single*

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore City*

Duration of Residence in the City of Baltimore, *since born*

Place of Death, { Give street and number. } *64 McC. Ellery st.*

Cause of Death, { First (Primary.) Second (Immediate.) } *Phthisis Pulmonalis*

Duration of Last Sickness, *2 years*

All the above information should be furnished by the Physician.

Place of Burial, *R. Mathew Cemetery*

Date of Burial, *Sept 10. 1877.*

J. L. Saurel M. D.
Medical Attendant.

{ Undertaker, *Chas Rossing* }

{ Place of Business, *136 E. Fayette* }

Address *27 St. Broadway*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 20636

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Sept 7 1877

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Mary E. Joseph Smith

Sex, ~~Male~~ Female,

Cross out the words not required in this line.

(Parents)

Age,

Years,

Months, 2 Hours Days

Color,

white

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

(State or country (and how long in United States, if of foreign birth.)

Balto City

Duration of Residence in the City of Baltimore,

Life

Place of Death,

(Give street and number.)

13 Lewis St

Cause of Death,

First (Primary.)

Premature Birth

Second (Immediate.)

Asthenia

(7 mos)

Duration of Last Sickness,

Life

All the above information should be furnished by the Physician.

Place of Burial,

Trinity Ch. Ansel

Date of Burial,

Sept 9 1877

James A. Slattery, M.D.

Undertaker,

Chas. Rossing

Place of Business,

136 E. Fayette St

Address,

Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Maria Johnson Calver, Midwife

Board of Health, City of Baltimore,

Permit No. 20637

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 8th 1877

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. Georganna Dulan

Sex, ~~Male~~ or Female, Cross out the word not required in this line.

Age, about 20 Years, Months, Days.

Color, Colored Sex, female

Married, Single, Widened or Widower, Cross out the words not required in this line.

Occupation,

Birthplace, State or country (and how long in the United States, if of foreign birth.) Harford Co., Md

Duration of Residence in the City of Baltimore, about 5 years

Place of Death, Give street and number. Orchard St

Cause of Death, First (Primary,) Second (Immediate,) Congestion of the brain and
from her use

Duration of Last Sickness, Ten weeks - so informed

All the above information should be furnished by the Physician.

Place of Burial, Sharp Cemetery Medical Attendant, M. D.

Date of Burial, Sept 9

Undertaker, Jacob Parry

Place of Business, 103 Lee St

Address 234 N. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

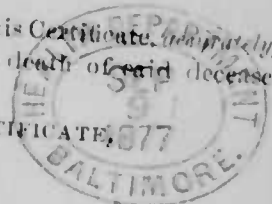
Permit No. 20638

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Sept 8th 77.

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Mary Francis Pellingill

Sex, ~~Male~~ or Female,

Cross out the words not required in this line.

Age,

Years,

Wh -

8 Months,

22 Days

Color,

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) }

Balti.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Corrington St. near Hamburg.

Cause of Death, { First (Primary), Second (Immediate), }

Pertussis
Meningitis

Duration of Last Sickness,

6 days

All the above information should be furnished by the Physician.

Place of Burial,

St. Peter's Cemetery

Date of Burial,

September 9th

Undertaker,

W. H. Hall

Place of Business,

131. Howard St.

Address,

152, 9, Sharp St

R. J. H. Tall M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 20639

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE. 1877

CERTIFICATE OF DEATH.

Date of Death, Sept 8th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary & William Wright

Sex, ~~Male~~ Female. { Cross out the words not required in this line. } Parents

Age, _____ Years, _____ Months, 11 Days

Color, Col^d

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 3 E. Alley

Cause of Death, { First (Primary,) Premature Birth -
Second (Immediate,) Catarrh on the Breast (head

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 9th 1877 J. D.

{ Undertaker, Hercules A. Roberts Address, Commis of Health
Place of Business, _____ Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by William Wright [Signature]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20640

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *September 9-1877*
 Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Lucy Kuhl*
 Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }
 Age, _____ Years, *11* — Months, *28* — Days.
 Color, *White* Sex, *Female*
 Married, Single, Widow or Widower, { Cross out the words not required in this line. }
 Occupation, _____
 Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore City*
 Duration of Residence in the City of Baltimore, *Since Birth*
 Place of Death, { Give street and number. } *4 Dover St.*
 Cause of Death, { First (Primary,) Second (Immediate.) } *Diphtheria*
Gradual Apnea
 Duration of Last Sickness, *Six days — (about) —*
 All the above information should be furnished by the Physician.

Place of Burial, *St. Alphonsus*
 Date of Burial, *Sept 10 1877*
 Undertaker, *Peter Krumm* Address *91 Frederick Ave and*
 Place of Business, *311 Mulberry* *290 Madison Ave*
C. C. McDowell M. D.
 Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Permit No. 20641

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Sept. 9th 77.

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Mary Schreiner

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Age,

4.

Years,

11.

Months,

Days.

Color,

White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~,

{ Cross out the words not required in this line. }

Occupation,

Dist Md

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give street and number. }

141. Pierce

Cause of Death,

{ First (Primary),
Second (Immediate). }

Croup
Diphtheria

Duration of Last Sickness,

3 days.

All the above information should be furnished by the Physician.

Place of Burial,

Western

Date of Burial,

Sept 10 1877

Louis B. Horn

M. D.

Medical Attendant.

Undertaker,

J. H. Krumm

Place of Business,

347. Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20442

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, Sept 10th 1877

{ Undertaker, Hughes & Co

{ Place of Business, 65 S Broadway

Address 130 Berkeley Ave

M. D.

Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20643

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *Sept. 9th 11 o'clock*
 Full Name of Deceased, *Mary A. Neek*
 Sex, *Female*
 Age, *57* Years, *4* Months, *10* Days.
 Color, *Black* Sex, *Female*
Single
 Occupation, *cook*
 Birthplace, *Baltimore*
 Duration of Residence in the City of Baltimore, *all life*
 Place of Death, *449 Lexington St.*
 Cause of Death, *Consumption*
 Duration of Last Sickness, *8 months*

Place of Burial, *Old Cathedral cemetery*
 Date of Burial, *Sept 10 1877*
 Undertaker, *J. B. Cook* Address *302 W. Lombard*
 Place of Business, *No 707 N Baltimore street*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

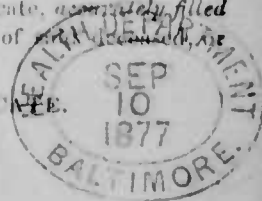
Board of Health, City of Baltimore,

Permit No. 20644

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *completely filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of *the deceased*, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

Sept. 9th 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents }

Philippina Appel

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age, 5 Years, 8 Months, 10 Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

Since birth

Place of Death, { Give street and number. }

near of 376. S. Charles St.

Cause of Death, { First (Primary,) Second (Immediate,) }

Diphtheria complicated with Albuminuria sequel of scarlatina 14 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Sept 10 1877

Undertaker, C. F. Krause

Place of Business, Hanover St

Address 108 S. Sharp St.



M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20645

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

Sept. 9/77.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Miss Sophia Brautman.

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Female

Age, 6 Years, 3 Months, 22 Days.

Color, White

Sex, Female

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Baltimore Md.

Duration of Residence in the City of Baltimore,

Lifetime.

Place of Death, { Give street and number. }

104 Pearl St.

Cause of Death, { First (Primary,) Second (Immediate,) }

Cerebral Typhoid Fever, Exhaustion &c.

Duration of Last Sickness,

about eight weeks.

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

H. R. Fetterhoff

M. D.

Date of Burial, Sept 10

Medical Attendant.

{ Undertaker, John Feufel

{ Place of Business, 616 W. Balto St.

77 George St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 20646

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

CERTIFICATE OF DEATH.



Date of Death,

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Sex, Male or Female,

Cross out the word not required in this line.

Age,

3

Years,

Months,

Days.

Color,

White

Sex,

Male

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

Cause of Death,

First (Primary),

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

Undertaker,

Place of Business,

Baltimore Cemetery

Sept 11th

Wm M Leonard Son

782 West Baltimore

A. K. Knapp

M. D.

Medical Attendant.

Address

554 W Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

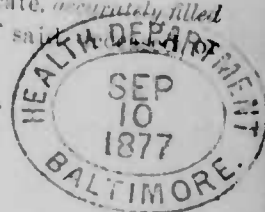
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20647

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *Sunday September 9th;*

Full Name of Deceased, *Margaret Crump*

Sex, *Female*

Age, *Two (2)* Years, *five (5)* Months, Days

Color, *White*

Married, Single, Widow or Widower, *Single*

Occupation,

Birthplace, *Baltimore City*

Duration of Residence in the City of Baltimore, *Since Birth*

Place of Death, *Waller St. No. 23*

Cause of Death, *Diphtheria*

Duration of Last Sickness, *Three (3) weeks*

All the above information should be furnished by the Physician.

Place of Burial, *St. Oliver*

Date of Burial, *Sep 10 1877*

Undertaker, *John P. Parsons*

Place of Business, *66 Frederick Ave*

John W. Alderdice M.D.
Medical Attendant.

Address, *No. 15 M. Street*
782 S. Monument St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

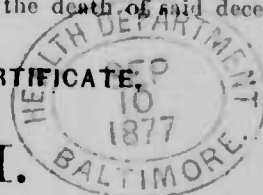
Permit No. 20648

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *Sept 8 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Rea. Hannah Long*

Sex, Male or Female, { Cross out the word not required in this line. } *Female*

Age, *Twenty four* Years, *One* Months, *One* Days.

Color, *White* Sex, *Female*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Married*

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore*

Duration of Residence in the City of Baltimore, *During whole Life*

Place of Death, { Give street and number. } *508 Eutan*

Cause of Death, { First (Primary,) *Typhoid fever*
Second (Immediate,) *Exhaustion*

Duration of Last Sickness, *Four days*

All the above information should be furnished by the Physician.

Place of Burial, *Chel Schalom*

Date of Burial, *Sept 11*

Undertaker, *Wm J. Tickner* Address *at Eutan St*

Place of Business, *65 S. Eutan st*

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *20649*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested to do so, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

Years,

Months,

Days.

Color,

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, *Western Cemetery*

Date of Burial, *Sep 10th 1877*

Undertaker, *W. B. Cook*

Place of Business, *107 N. Baltimore Street*

Address

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

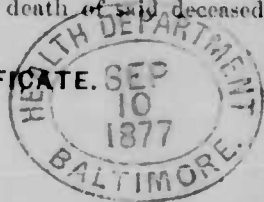
Board of Health, City of Baltimore,

Permit No. 20650

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, Sept 9th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mrs Ann Jane Moore

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age, 76 Years, — Months, — Days.

Color, White Sex, Female

~~Married, Single, Widow~~ { Cross out the words not required in this line. }

Occupation, none

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balti City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } No 4. S. Ann St

Cause of Death, { First (Primary,) Second (Immediate,) } Senile decay
Heart Celt

Duration of Last Sickness, about 6 months 11

All the above information should be furnished by the Physician.

Place of Burial, 2nd Presbyterian Ch

Date of Burial, Sept 12 1877

{ Undertaker, Hughes & Co { Address 93 Park Ave

{ Place of Business, S. Broadway

M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 20657

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, Sept 8th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary E. Benton

Sex, ~~Male~~ Female, { Cross out the words not required in this line. }

Age, 1 Years, 4 Months, Days

Color, Col

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Balto city

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 3 Age Alley

Cause of Death, { First (Primary,) } Diphtheria

{ Second (Immediate,) } Chol Infantum

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 10th 1877

{ Undertaker, S. W. Chase } M. D. J. A. Stens

{ Place of Business, Howard St } Address, Commis of Health

Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Laura Isaac - Mother

Board of Health, City of Baltimore,

Permit No. *20632*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *Sept 8, 1877*

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. *Charles Henry Bramble*

Sex, Male or Female, Cross out the word not required in this line. *Male*

Age, *45* Years, *3* Months, *1* Days.

Color, *White* Sex, *Male*

Married, Single, Widower or Widowed, Cross out the words not required in this line. *Single*

Occupation, *Commissioned Merchant*

Birthplace, State or country (and how long in the United States, if of foreign birth.) *Dorchester Co. Md*

Duration of Residence in the City of Baltimore, *27* Years

Place of Death, Give street and number. *No 275 Cross St*

Cause of Death, First (Primary), Second (Immediate), *General Dropsy*

Duration of Last Sickness, *Nearly a year*

All the above information should be furnished by the Physician.

Place of Burial, *Baltimore Cemetery*

Date of Burial, *September 10th*

J. Langherty M. D.
Medical Attendant.

Undertaker, *J. N. Holl*

Place of Business, *131 Hanover St* Address *64 William St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 20653,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, Sept 9 77

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. San Blain Oliver

Sex, ~~Male~~ or ~~Female~~, (Cross out the word is not required in this line.)

Age, _____ Years, _____ Months, 7 Days.

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, (Cross out the word is not required in this line.)

Occupation, _____

Birthplace, State or country (and how long in the United States, if of foreign birth.) Baltimore

Duration of Residence in the City of Baltimore, 3 days

Place of Death, Give street and number. 76 N. Fremont

Cause of Death, First (Primary,) Second (Immediate,) Cholera

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Sept 10 77

Undertaker, J. J. Namuth

Place of Business, On Poppleton Street Address 349 R

Levin M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20654

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

Sept 8th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Joseph Garner

Sex, Male

(Cross out the words not required in this line.)

Age,

Years,

One

Months,

Days

Color,

Cell

Married, Single, Widow or Widower,

(Cross out the words not required in this line.)

Occupation,

Birthplace,

(State or country (and how long in United States, if of foreign birth.)

Balt City

Duration of Residence in the City of Baltimore,

Life

Place of Death,

(Give street and number.)

58

Bover St

Cause of Death,

First (Primary.)

Diarrhoea

Second (Immediate.)

Remission

Duration of Last Sickness,

one day

All the above information should be furnished by the Physician.

Place of Burial,

Sharp St Church

Date of Burial,

Sept 10 1877

Undertaker,

Adam Warfield

Place of Business,

Sharp St

Address,

Comms of Health
Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by James Thomas
Friend of Family

(OVER)

Board of Health, City of Baltimore.

Permit No. 20655

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, separately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

Sept 7

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Elyia Norton

Sex, Male or Female,

Cross out the word not required in this line.

Age,

2

Years,

10

Months,

7

Days.

Color,

White

Sex,

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Balto City

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

136 Saratoga

Cause of Death,

First (Primary),

Second (Immediate),

Diphtheria

Duration of Last Sickness,

11 days.

All the above information should be furnished by the Physician.

Place of Burial,

St Peter's Cemetery

Date of Burial,

Sept 11th 1877

F. E. Chatard M. D.
Medical Attendant.

Undertaker,

Stewart & Brown

Place of Business,

35 Park Ave

Address

114 Park St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

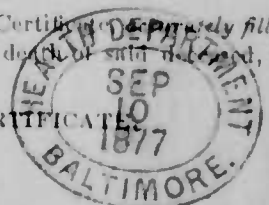
[OVER]

Permit No. 20656

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate properly filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said individual, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, Sept 9th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Oscar Johnson

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, Months, 17 Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } 45 Bruce St

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 45 Bruce

Cause of Death, { First (Primary,) Premature birth. }
{ Second (Immediate,) unknown }

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, W. P. Cemetery

Date of Burial, Sept 10 1877

Underlaker, Fred A. Kerschner

Place of Business, 50 S. Carrollton St

Address 229 Cary St.

Medical Attendant, M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

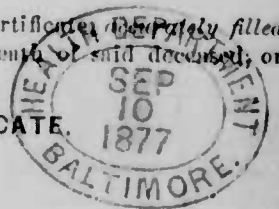
Board of Health, City of Baltimore,

Permit No. 20688

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~to be filled out~~, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

Sep. 9.
Agnes Dickson

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *75* Years, — Months, — Days.

Color, *White* Sex, —

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, *Housekeeper.*
County Antrim Ireland

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, *Forty five years*

Place of Death, { Give street and number. }

77 Pine St.

Cause of Death, { First (Primary,) Second (Immediate.) }

Old age

Duration of Last Sickness,

No weeks

All the above information should be furnished by the Physician.

Place of Burial, *Western Cemetery* *H. M. Wilson* M. D.
Date of Burial, *Sept 10th 1877* Medical Attendant.

{ Undertaker, *Jacob Weaver* Address *257 Mad. Ave.*
{ Place of Business, *Nos 4 & 6 Druid Hill Ave*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 20659

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 21 Years,

Color,

Married, Single, ~~Widow~~ or ~~Widower~~. { Cross out the word is not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary), Second (Immediate). }

Duration of Last Sickness, { All the above information should be furnished by the Physician. }

Place of Burial, Druid Hill Cemetery

Date of Burial, Sept. 10th 1877.

Undertaker, Adam Weidemeyer

Place of Business, 5182 W. Baltimore Str.

Address

M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 20660

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

Date of Death, Sept 9th 1877

Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents. Charles Bennett

Sex, Male or ~~Female~~, Cross out the word not required in this line.

Age, 79 Years, Months, Days.

Color, ed

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, Cross out the words not required in this line.

Occupation, Whitewasher

Birthplace, State or country (and how long in the United States, if of foreign birth.) Eastern Shore Maryland

Duration of Residence in the City of Baltimore, 49 years

Place of Death, Give street and number. Low st 137

Cause of Death, First (Primary), Intemperance
Second (Immediate), Consumption

Duration of Last Sickness, 3 weeks confined to his home

All the above information should be furnished by the Physician.

Place of Burial, New Asbury Cem

Date of Burial, Sept 10 1877

E. E. Baldwin

M. D.

Medical Attendant.

Undertaker, Theo J. Socks

Place of Business, 509 E. E. S. S.

Address 124 N. E. S. S.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 20661

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Sex, Male or Female,

Cross out the word not required in this line.

Age,

Years,

Months,

Color,

Sex,

Married, Single, Widow, or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

Cause of Death,

First (Primary),

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

Undertaker,

Place of Business,

Address

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. **20662**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, **September 9th**

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents } **Mary Amelia Emmer**

Sex, Male or Female, { Cross out the word not required in this line. }

Age, **34** Years, **2** Months, **0** Days.

Color, **white**

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } **Baltimore**

Duration of Residence in the City of Baltimore, _____

Place of Death, { Give street and number. } **No 245 E. Madison st.**

Cause of Death, { First (Primary), Second (Immediate), } **Phthisis pulmonalis;**

Duration of Last Sickness, **about 12 months**

All the above information should be furnished by the Physician.

Place of Burial, **Greenmount Cemetery**

Date of Burial, **Sept. 12** **C. I. Kneuborn** M. D. Medical Attendant.

Undertaker, **Hollander & Sons**

Place of Business, **22 West Pratt st.** Address **222 N. Broadway**

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

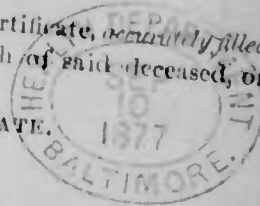
Board of Health, City of Baltimore,

Permit No. **20663**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attends any person in a last illness is responsible for the presentation of this Certificate, *carefully filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

Tuesday Sept 11th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Emma Armstrong

Sex, ~~Male or Female~~,

Cross out the words not required in this line.

Female

Age,

Years,

1

Months,

15

Days

Color,

~~Married, Single, Widow or Widower~~,

Cross out the words not required in this line.

Single

Occupation,

Birthplace, State or country (and how long in United States, if of foreign birth.)

Sussex St

Duration of Residence in the City of Baltimore,

Since birth

Place of Death, Give street and number.

26 Patuxant St

Cause of Death,

First (Primary.)

Insanation

Second (Immediate.)

Marsmus

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Since birth

Place of Burial, *Baltimore Cemetery*

Date of Burial, *September 11th 1877*

Undertaker, *H M Gibmeyer*

Place of Business, *341 Carlton St.*

J. T. Richard

M. D.

Medical Attendant.

Address, *28, O'Donnell St*

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

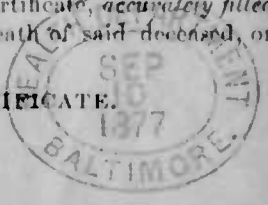
Permit No.

21664

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

September 10th 1877

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents }

Margaret Jackson

Sex, Male or Female,

{ Cross out the word not required in this line. }

Female

Age,

Years,

Seven

Months,

Days.

Color,

Colored

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Single

Occupation,

Nothing

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Baltimore City Maryland

Duration of Residence in the City of Baltimore,

Continued

Place of Death,

{ Give street and number. }

No 15 Winters St

Cause of Death,

{ First (Primary.) }

{ Second (Immediate.) }

Malaria fever et congestion
convulsions

Duration of Last Sickness,

Two days

All the above information should be furnished by the Physician.

Place of Burial,

Laurel Cemetery

Date of Burial,

Sept 11th 1877

{ Undertaker,

Jacob Davis

{ Place of Business,

103 Lee St

J. D. Dyer

M. D.

Medical Attendant.

No. 146 Hill St
Baltimore Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. *20665*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended *any* person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *Sept. 10th 11:30 A.M.*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Thos Oliver*

Sex, Male ~~Female~~, { Cross out the word not required in this line. }

Age, *3* Years, *3* Months, *6* Days.

Color, *White*

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore*

Duration of Residence in the City of Baltimore, *From Birth*

Place of Death, { Give street and number. } *86 S. Spring St*

Cause of Death, { First (Primary,) Second (Immediate,) } *Diphtheria*

Duration of Last Sickness, *One week*

All the above information should be furnished by the Physician.

Place of Burial, *St. Vincent's Cemetery*

Date of Burial, *Sept 11 1877*

Undertaker, *Geo P. Byrnes* Address, *11 S. High St*

Place of Business, *Front St*

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

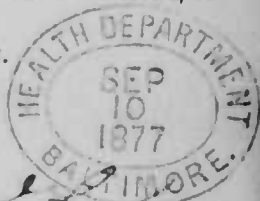
Permit No. 20666

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

September 10th 1877

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Wm. L. Linn, Jr.

Sex, Male or Female,

{ Cross out the words not required in this line. }

Age,

15 Years,

6 Months,

Days

Color,

Married, Single, Widowed or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

15 years, 8 months,

Place of Death,

{ Give street and number. }

282 Madison St

Cause of Death,

{ First (Primary.) }

Dysphagia

{ Second (Immediate.) }

Duration of Last Sickness,

3 weeks

All the above information should be furnished by the Physician.

Place of Burial,

Balti Cemetery

Date of Burial,

Sept 12th 1877

{ Undertaker,

Henry H. Mears

{ Place of Business,

15 N Gay St

Address,

Broadway & Madison Sts

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

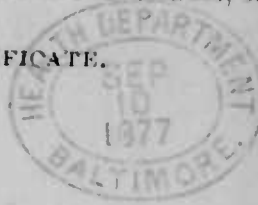
Permit No. *20667*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *Sept. 18th 1877*

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. *Mrs. A. Meyers*

Sex, Male or ~~Female~~, Cross out the word not required in this line.

Age, *9* Years, *9* Months, *20* Days.

Color, *white*

Married, Single, Widow or Widower, Cross out the words not required in this line.

Occupation,

Birthplace, State or country (and how long in the United States, if foreign birth.)

Duration of Residence in the City of Baltimore, *since birth*

Place of Death, Give street and number. *16 Jackson St.*

Cause of Death, First (Primary), Second (Immediate), *Scrub typhus*

Duration of Last Sickness, *one week*

All the above information should be furnished by the Physician.

Place of Burial, *Holy Cross Cemetery*

Date of Burial, *Sept 12th 1877*

Under-taker, *John W. Weaver*

Place of Business, *#22 W. Fayette St.*

L. G. Rush M. D.
Medical Attendant.

Address *Balt. & N. Charles*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

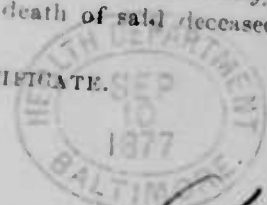
Permit No. 20668

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Sept 10 1877

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Louise Jones (Mother)

Sex, Male or Female,

Cross out the words not required in this line.

Age,

Years,

Months,

Days

Color,

Col

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace, State or country (and how long in United States, if of foreign birth.)

Balt City

Duration of Residence in the City of Baltimore,

Life

Place of Death, Give street and number.

1 N. Anny St

Cause of Death,

First (Primary),
Second (Immediate).

Convulsions during life

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Laurel Cemetery

Date of Burial,

Sept 11 1877

Undertaker,

J. B. Crook

Place of Business,

Balt St

Address,

Commis of Health & Registrar

M. D.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by - J. B. Crook

Undertaker

OVER.

Board of Health, City of Baltimore,

Permit No. 20669.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *Sept 10 1877*
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Hugh Keane*
Sex, Male or Female, { Cross out the word not required in this line. } *M*
Age, *72* Years, Months, Days.
Color, *W* Sex, *M*
Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Married*
Occupation, *Caterer*
Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Ireland*
Duration of Residence in the City of Baltimore, *40 years*
Place of Death, { Give street and number. } *27 N High St*
Cause of Death, { First (Primary.)
Second (Immediate.) } *Chronic gastritis
Inanition & Exhaustion*
Duration of Last Sickness, *Six months*
All the above information should be furnished by the Physician.

Place of Burial, *St Vincents Cemetery*

Date of Burial, *Sept 11 1877*

{ Undertaker, *Joseph F. Byrne*

{ Place of Business, *59 N Liberty*

Richard A. Sherry M. D.
Medical Attendant.

Address *187 N Howard St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No. 20670

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Sept. 10. 1877
Mrs Mary Meyers

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

~~Sex, Male or Female,~~ { Cross out the word not required in this line. }

Age, 62

Years,

Months,

Days.

Color,

White

~~Married, Single, Widow or Widower,~~ { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore City

Duration of Residence in the City of Baltimore,

62 years

Place of Death, { Give street and number. }

No. 18 Holland St

Cause of Death, { First (Primary,) Second (Immediate,) }

Pulmonary consumption
Emaciation

Duration of Last Sickness,

2 months

All the above information should be furnished by the Physician

Place of Burial,

Green Mount Cemetery

Date of Burial,

Sept 11th 1877

{ Undertaker,

Hughes & Co

{ Place of Business,

65 S Broadway

Address

J. D. Giske M.D.
Medical Attendant.

No. 370 E. Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20671

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 9 1877

Full Name of Deceased, $\left\{ \begin{array}{l} \text{Write legibly and spell} \\ \text{correctly. If an Infant} \\ \text{not named, give names} \\ \text{of parents.} \end{array} \right\}$ Lucy Stanley

Sex, ~~Male~~ or Female, {Cross out the word not
required in this line. }

Age, 18 Years, 8 Months, 24 Days.

Color *red*

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not
required in this line.}

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore County Md

Duration of Residence in the City of Baltimore, 12 years

Place of Death, { Give street and number. } 21 Spring St 75

Cause of Death, { First (Primary,) *Therpal Convulsions*
Second (Immediate,) *Therpal Fever*

Duration of Last Sickness, *Two weeks*

All the above information should be furnished by the Physician.

Place of Burial, Asbury Cemetery E. C. Baldwin

Date of Burial, *Sept 11* | *C. C. Waldron* M. D.
Medical Attendant.

(Undertaker, the 6 locks

{ Place of Business, no 56 Jefferson

Address 124 n Eater

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20672

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

9th mo 10th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

John Thompson

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age, 28 Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Single

Occupation,

Clerk.

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

28 years

Place of Death, { Give street and number. }

11 Clinton Place

Cause of Death, { First (Primary), Second (Immediate), }

Consumption

Duration of Last Sickness,

2 years

All the above information should be furnished by the Physician

Place of Burial,

Balto. City

Date of Burial,

Sept 12/77

{ Undertaker,

Jewett & Murrow

{ Place of Business,

35 Park Ave.

W. Riley

M. D.

Medical Attendant.

Address 47 Lexington St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20673,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

September 11th 1897

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Elizabeth Ebel

Sex, ~~Male~~ or Female,

{ Cross out the words not required in this line. }

Female

Age,

20

Years,

Months,

6 Days

Color,

White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~,

{ Cross out the words not required in this line. }

Single

Occupation,

Seamstress

Birthplace,

{ State or country (and how long in United States, if of foreign birth.) }

Strasburg Pa

Duration of Residence in the City of Baltimore,

11 years

Place of Death,

{ Give street and number. }

217 N. Durham Street

Cause of Death,

{ First (Primary), }

{ Second (Immediate), }

Dysphoria Fever

Pyrexia

Duration of Last Sickness,

(10) Days

All the above information should be furnished by the Physician.

Place of Burial,

Walden Cemetery

Date of Burial,

Sept 12 1897

{ Undertaker,

J. Henry Speed

{ Place of Business,

304 Central Ave

Address,

29 S. Sharp St

J. W. Selover M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

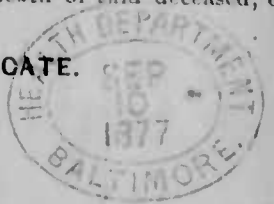
Permit No. 20674

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, Sept 10 1877

Full Name of Deceased, Henry C. Karn

Sex, Male or Female, Male

Age, 33 Years, 10 Months, Days.

Color, white, Sex, Male,

Married, Single, Widow or Widower, married,

Occupation, Hotel Clerk

Birthplace, Baltimore County

Duration of Residence in the City of Baltimore, 10 years

Place of Death, corner of Franklin & Leaden Sts.

Cause of Death, cerebral hemorrhage caused by violent fall

Duration of Last Sickness, 10 hours

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Sept 11 1877 John Morris, M. D. Medical Attendant.

Undertaker, John J. Rodenry, Address No. 5, Franklin St.

Place of Business, ex Leaden St and 2 Leaden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 20 675

OFFICE OF REGISTRAR OF VITAL



The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of the deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *Sunday 9th Sept. 1877*

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. *John Duffy*

Sex, *Male* ~~Female~~ Cross out the word not required in this line.

Age, *37* Years, Months, Days.

Color, *white* Sex, *male*

Married, ~~Single, Widower or Widow~~ Cross out the words not required in this line.

Occupation, *Blacksmith*

Birthplace, State or country (and how long in the United States, if of foreign birth.) *Ireland*

Duration of Residence in the City of Baltimore, *30 years*

Place of Death, Give street and number. *5-86 Harford Ave.*

Cause of Death, First (Primary,) Second (Immediate,) *Bright's Disease*
Exhaustion from effects of the disease

Duration of Last Sickness, *3 months*

All the above information should be furnished by the Physician.

Place of Burial, *New Cathedral*

Date of Burial, *Sept 11th*

Undertaker, *Geo. Schilling*

Place of Business, *Ashland Lyman*

Claude Van Biber M. D.
Medical Attendant.

Address *47 Franklin St.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

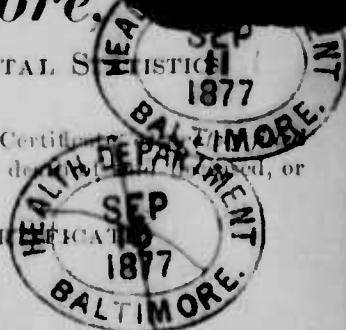
Board of Health, City of Baltimore.

Permit No. 20676

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, to the Undertaker or other person superintending the burial, within twenty-four hours after the death, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

September 10th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

John Franklin Wrightson

Sex, Male ~~Female~~, { Cross out the word not required in this line. }

Male

Age, 25 Years,

11 Months, 16 Days.

Color,

White

~~Married~~, Single, ~~Married~~, { Cross out the words not required in this line. }

Single

Occupation,

Pattern Maker

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Wye Landing Talbot Co. Md

Duration of Residence in the City of Baltimore,

14 years

Place of Death, { Give street and number. }

No 64 South Eden St

Cause of Death, { First (Primary), Second (Immediate), }

Lymphadenoma

Duration of Last Sickness,

Three Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sept 12th 1877

{ Undertakers Fry & Bro

{ Place of Business, 54 W Broadway

Thomas J. Evans M. D.
Medical Attendant.

Address No 18 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 20677

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, to the Undertaker or other person superintending the burial, within twenty-four hours after the death, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE



CERTIFICATE OF DEATH.

Date of Death,

September 10th 1877

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Mary Francis Sealon

Sex, Male or Female,

{ Cross out the words not required in this line. }

Female

Age,

40 Years,

4 Months,

2 Days

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Married

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) }

Northumberland Co. N. H.

Duration of Residence in the City of Baltimore,

28 years

Place of Death, { Give street and number. }

N. H. Condochen Street

Cause of Death,

{ First (Primary.)
Second (Immediate.) }

Carcinoma uteri

Exhaustion

Duration of Last Sickness,

Seven (7) months

All the above information should be furnished by the Physician.

Place of Burial,

St. Vincent Cemetery

Date of Burial,

Sept 12th 1877

Undertaker,

Volney Maccher

Place of Business,

150 Camden St

Address,

J. S. Sharp M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20678

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said person, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 10 September 1877

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. John Kaufman

Sex, Male or Female, Cross out the words not required in this line. male

Age, 1 Years, 8 Months, 2 Days

Color, white

Married, Single, Widow or Widower, Cross out the words not required in this line.

Occupation,

Birthplace, State or country (and how long in United States, if of foreign birth.) Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, Give street and number. Hamburg room Charles St.

Cause of Death, First (Primary,) Second (Immediate,) Typhoid Fever

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 12 September

Undertaker, H. Brice
Place of Business, Henrietta St 81

L. F. Prunier M.D.
Medical Attendant.

Address, 224 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20679

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said person, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Sex, Male or Female,

Cross out the word not required in this line.

Age,

Years,

Months,

Color,

Sex,

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

Cause of Death,

First (Primary),

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

Undertaker,

Place of Business,

Address

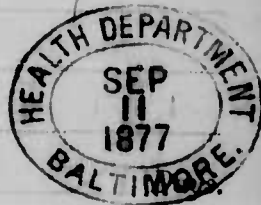
M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



Board of Health, City of Baltimore,

Permit No. 20680

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

CERTIFICATE OF DEATH.



Date of Death, Sept 9

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Thomas Benjamin Hall

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 2 Years, 3 Months,

Color, Black Sex,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balt

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 1111 N. E. Baltimore Street, in the city of Baltimore.

Cause of Death, { First (Primary,) Diphtheria
Second (Immediate,) Complications

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Dallas S. Cemetery

Date of Burial, September 11

Undertaker, George J. Jones

Place of Business, 762 S. Dallas, St

Address

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 20681

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 11th 1877

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. Caroline Bokle

Sex, ~~Male~~ or Female, Cross out the word not required in this line.

Age, 1 Year, 4 Months,

Color, White, Sex,

Married, Single, Widow or Widower, Cross out the words not required in this line.

Occupation,

Birthplace, State or country (and how long in the United States, if of foreign birth.)

Duration of Residence in the City of Baltimore, All her life

Place of Death, Give street and number.

Cause of Death, First (Primary), Second (Immediate),

Duration of Last Sickness, 1 day -

All the above information should be furnished by the Physician.

Place of Burial, 1st St. Paul Church

Date of Burial, Sept 12th 1877

Undertaker, Henry Froehlich

Place of Business, 246 Eastern St.

Address

A. P. Clarke M. D.
Medical Attendant.

235, Gough-st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 20682

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate to the undertaker or other person superintending the burial, within twenty-four hours after the death of said person, so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 10th 1897

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Charles D. Glacher

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, Eleven Months, Twenty-one Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, None

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, Eleven months & twenty-one days

Place of Death, { Give street and number. } 413 West Baltimore Street

Cause of Death, { First (Primary) Natural { Second (Immediate) Capillary Bronchitis

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Sept 12th 1897

{ Undertaker, Jacob Warner

{ Place of Business, North Druid Hill Avenue

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

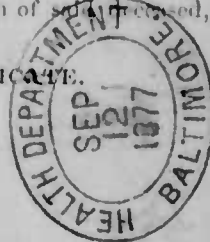
Board of Health, City of Baltimore,

Permit No. *26883* 20683

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of *subject*, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

Sept 11th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Mally Lannan

Sex, Male or Female,

Cross out the word not required in this line.

female

Age,

5 Years,

4 Months,

Days.

Color,

white

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Balto. City

Duration of Residence in the City of Baltimore,

since born

Place of Death,

Give street and number.

73 Cockeysville St.

Cause of Death,

First (Primary.)

Second (Immediate.)

Typhoid fever

Duration of Last Sickness,

9 days

All the above information should be furnished by the Physician.

Place of Burial,

Holy Cross Cemetery

Date of Burial,

Sept 12th 1877

Undertaker,

W. Clarke & Sons

Place of Business,

64 E. Baltimore St.

J. P. Dannech M. D.
Medical Attendant.

Address *29 N. Broadway*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

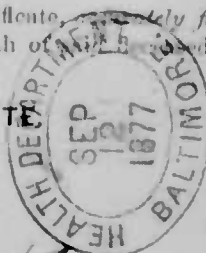
Permit No. *20684*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *to be filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of *the deceased*, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Sep 11 1877
Howard White

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *3* Years, — Months, — Days.

Color, *Cal* Sex, *Male*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Seco ally No 12

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

No 2, Wayne St

Cause of Death, { First (Primary,) }

{ Second (Immediate,) }

Torsion of Abdomen
3 Months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, *Western Pub Cem*

Date of Burial, *Sept 12 1877*

{ Undertaker, *H. Korchner*

{ Place of Business, *J. Carrollan Co.*

Address *260 S. E. 28 City*

J. V. Shultz M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

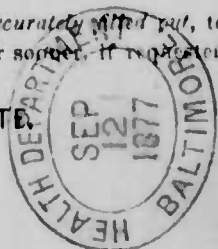
OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20685

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Sept 11th 1877

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

May E Smith

Sex, Male or Female,

{ Cross out the word not required in this line. }

Female

Age,

7

Years,

5

Months,

10

Days.

Color,

White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth. }

Baltimore, Md.

Duration of Residence in the City of Baltimore,

Entire life time

Place of Death,

{ Give street and number. }

103 Stirling St

Cause of Death,

{ First (Primary,) Second (Immediate,) }

Bilious Dyspepsia
Congestion of Brain.

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial,

Holy Cross Cem

Date of Burial,

Sept 12, 1877

D. Webster Catlett M. D.

Medical Attendant.

{ Undertaker,

John J. Rodenmay

Address

21 Broadway

{ Place of Business,

N.E. cor Greenmount ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

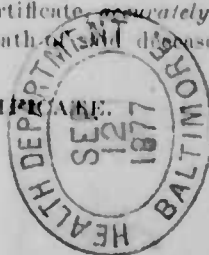
Board of Health, City of Baltimore.

Permit No. *20686*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *carefully filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of *the* deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *Sept 11th 77*
 Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Elizabeth Wynne*
 Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } *Female*
 Age, *61* Years, _____ Months, _____ Days.
 Color, *White*
 Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } *Single*
 Occupation, *Cook*
 Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Ireland*
 Duration of Residence in the City of Baltimore, *26 years*
 Place of Death, { Give street and number. } *Washington Univ. Hospital*
 Cause of Death, { First (Primary,) } *Cancer (Scirrhus of Breast)*
 { Second (Immediate,) } *Secondary Deposition in Brain*
 Duration of Last Sickness, *1 yr.*

All the above information should be furnished by the Physician.

Place of Burial, *Sept 12th 1877*
 Date of Burial, *St Vincent's Church*
 { Undertaker, *Jos F Wynne* } *Chas B. Lewis* M. D.
 { Place of Business, *65 N Liberty* } *Resident Physician*
 Address *Wash. Univ Hosp.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

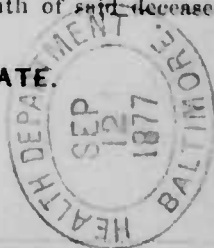
Permit No. 20687

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, Sept. 10 - 1877 -

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Henry Darsey

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 20 Years, 8 Months, 17 Days.

Color, Mulatto Sex, Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Householder

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Howard Co. Md -

Duration of Residence in the City of Baltimore, 9 years

Place of Death, { Give street and number. } 150 Rabun St -

Cause of Death, { First (Primary,) Typhoid Fever
Second (Immediate,) Asthenia -

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, Sept. 12th 1877

{ Undertaker, Wm. Bishop Jr.
Place of Business, 97 South Hill Ave.,

Address Edmund Ave
1 door W. of Carrollton

John T. King M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

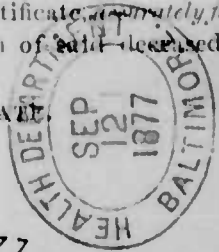
OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *20688*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *carefully filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of *said* deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

11th Sept. 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Bessie Adams

Sex, ~~Male~~ Female, { Cross out the words not required in this line. }

Age, *1* Years,

2 Months,

Days

Color,

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) }

276 Hollins St.

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give street and number. }

276 Hollins St

Cause of Death, { First (Primary,) Second (Immediate,) }

*Hoopingscough
Capillary Bronchitis
2 months*

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, *London Park*

Date of Burial, *Sep 13th 1877*

{ Undertaker,

Hughes & Co.

{ Place of Business,

360 Fayette St.

John Hood M.D.
Medical Attendant.

Address, *2 N. Carey St.*

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 20689

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *separately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *Sept. 10th 1877*
 Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Eva Stokes*
 Sex, Male or Female, { Cross out the word not required in this line. } *Female*
 Age, *28* Years, _____ Months, _____ Days.
 Color, *White*
 Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Married*
 Occupation, _____
 Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore City*
 Duration of Residence in the City of Baltimore, *Life*
 Place of Death, { Give street and number. } *No. 8 H. B. High St.*
 Cause of Death, { First (Primary,) Second (Immediate,) } *Typhoid Fever*
 Duration of Last Sickness, *8 Days*
All the above information should be furnished by the Physician.
 Place of Burial, *Beth Amelien*
 Date of Burial, *Sept 12th 1877*
 { Undertaker, *Thos. S. Hughes* Address *2 H. B. High St.*
 { Place of Business, *60 E. Balto. St.*

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

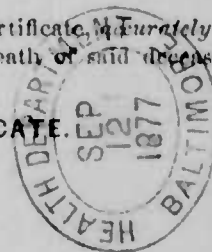
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20690

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

Sept. 11th 1877.

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

John Lewis Plunkhoff

Sex, Male or Female,

Cross out the word not required in this line.

Age,

Years,

10

Months,

20

Days.

Color,

Sex,

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Washington D.C.

Duration of Residence in the City of Baltimore,

4 days

Place of Death,

Give street and number.

Mr. Patterson Park Ave. corner St.

Cause of Death,

First (Primary.)

Second (Immediate.)

*Pseudo Membranous Laryngitis
Asphyxia*

Duration of Last Sickness,

10 days

All the above information should be furnished by the Physician.

Place of Burial,

St. Matthews Cemetery

Date of Burial,

Sept. 12th 1877.

St. Geo. H. Leachly, M. D.
Medical Attendant.

Undertaker,

John Conrad Smith

Place of Business,

Albany (215)

Address *128 Park Ave.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20691

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, to be filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Sept 11th 1877

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Carrie, E. Dindman

Sex, Male or Female,

{ Cross out the words not required in this line. }

Age,

Years,

Months,

3 Days

Color,

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

3 Days

Place of Death,

{ Give street and number. }

238 Chew St -

Cause of Death,

{ First (Primary),
Second (Immediate,) }

Pneumonia Brill -

Duration of Last Sickness,

3 days

All the above information should be furnished by the Physician.

Place of Burial,

Western Corner

Date of Burial,

Sept 12th 1877

{ Undertaker,

Geo Schelling

{ Place of Business,

Monument St

Address,

Wm. L. Russell

M. D.

Medical Attendant.

Broadway &
Madison St -

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children:

[OVER.]

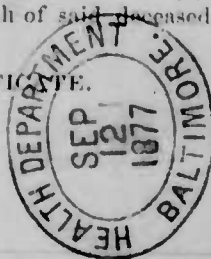
Board of Health, City of Baltimore,

20692

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

Sept. 11th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

William H. Mains,

Sex, Male or ~~Female~~

{ Cross out the word not required in this line. }

Age,

33 Years,

Months,

Days.

Color,

white

Married, ~~Single~~, ~~Widow~~, or ~~Widower~~

{ Cross out the words not required in this line. }

Occupation,

Broom maker,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Ireland,

Duration of Residence in the City of Baltimore,

Thirty years

Place of Death,

{ Give street and number. }

Jefferson St.

Cause of Death,

{ First (Primary),
Second (Immediate), }

Abundantia

Anemia

Duration of Last Sickness,

Two months

All the above information should be furnished by the Physician.

Place of Burial,

Int. Christ

Date of Burial,

Sept. 12th 1877

{ Undertaker,

Wm. Hickman

{ Place of Business,

234 N. Gay St.

G. H. Rusk

M. D.

Medical Attendant.

Address

Balt. Wash. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

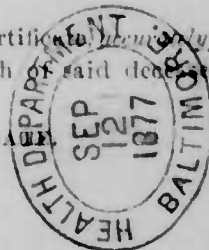
OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20693

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Sept 13th 1877

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Mary Jane Moffit

Sex, Male or Female,

{ Cross out the words not required in this line. }

Age,

29 Years,

3 Months,

Days

Color,

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

29 years & 3 months

Place of Death,

{ Give street and number. }

No 40 Somerset St

Cause of Death,

{ First (Primary,) }

{ Second (Immediate,) }

Apoplexy
Paralysis

Duration of Last Sickness,

8 years

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore Cemetery

Date of Burial,

Sept 15th 1877

Wm. L. Russell

M. D.

Medical Attendant.

{ Undertaker,

Wm. H. Flickinger

Address,

Broadway &

{ Place of Business,

234 N. Gay St.

Madison St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

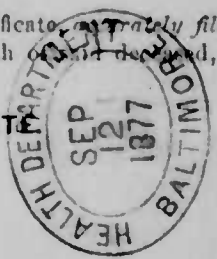
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20694

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *carefully filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE



CERTIFICATE OF DEATH.

Date of Death, *9 Septbr 1877*
 Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Anne Maria Jones*
 Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } *Female*
 Age, *14* Years, *9* Months, Days.
 Color, *Caucasian* Sex, *Female*
~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }
 Occupation,
 Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore*
 Duration of Residence in the City of Baltimore, *Lived with*
 Place of Death, { Give street and number. } *104 Ellbow Lane*
 Cause of Death, { First (Primary), Second (Immediate). } *Diphtheria*
 Duration of Last Sickness, *8 days*
All the above information should be furnished by the Physician.
 Place of Burial, *Ward 8 Cemetery*
 Date of Burial, *Sept 13, 1877*
 Undertaker, *Samuel W. H. H. H.*
 Place of Business, *198 N. Howard St* Address

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

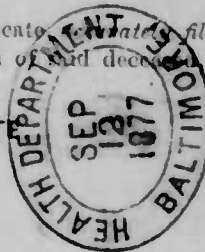
Board of Health, City of Baltimore,

Permit No. 20695

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ^{to be filled out,} to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, Sept. 10th. 1877

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. Jane Rebecca Brown

Sex, Male or Female, Cross out the word not required in this line.

Age, One Years, _____ Months, five Days.

Color, C Sex, _____

Married, Single, Widow or Widower, Cross out the words not required in this line.

Occupation, _____

Birthplace, State or country (and how long in the United States, if of foreign birth.) Baltimore

Duration of Residence in the City of Baltimore, _____

Place of Death, Give street and number. No. 113 Rabun Street

Cause of Death, First (Primary), Marasmus
Second (Immediate),

Duration of Last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 12 1877 Chas W. Neff M. D.
Medical Attendant.

Undertaker, Nemuel W. Moore Address 306 N. Fayette St.

Place of Business, W. H. Moore & Co.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

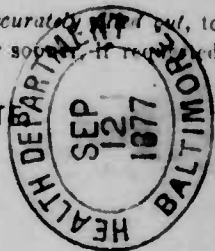
OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20696

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if required so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, Sept 9 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mother name Mary Murry

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, one Years, 8 Months, Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Balt'o. lifetime

Place of Death, { Give street and number. } 121 Raborg

Cause of Death, { First (Primary,) Scrofula Second (Immediate,) General Debility }

Duration of Last Sickness, 2 months.

All the above information should be furnished by the Physician

Place of Burial, Sharp St Cemetery

Date of Burial, Sept 12 1877 Warner M. D. Medical Attendant.

{ Undertaker, Samuel Wilson

{ Place of Business, Chesapeake St Address 165 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20697

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of *the deceased*, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE



CERTIFICATE OF DEATH.

Date of Death, *Sept 11*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *James Parmer Johnson*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, *14* Years, *14* Months, Days.

Color, *White* Sex, *Male*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Single*

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Richmond*

Duration of Residence in the City of Baltimore, *10 Days*

Place of Death, { Give street and number. } *Kenby St. Co*

Cause of Death, { First (Primary,) Second (Immediate,) } *Infantile Exhaustion*

Duration of Last Sickness, *10 Days*

All the above information should be furnished by the Physician.

Place of Burial, *Richmond Va*

Date of Burial, *Sept 13* *John A. Schmitt* M. D. Medical Attendant.

{ Undertaker, *C. Hollander & Sons* Address *22 N. Pratt St.*

{ Place of Business, *22 N. Pratt St.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Transit Permit No 870

Board of Health, City of Baltimore.

No. 20698

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, September 10th
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Edith Ann Lee
Sex, ~~Male~~ Female, { Cross out the word not required in this line. } Female
Age, 26 Years, 1 Months, 15 Days.
Color, Colored
Married, ~~Single~~ Married, { Cross out the words not required in this line. } Married
Occupation,
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } State of Pennsylvania
Duration of Residence in the City of Baltimore, 12 years
Place of Death, { Give street and number. } No 9 Thos St
Cause of Death, { First (Primary,) Second (Immediate,) } Phthisis Pulmonalis
Duration of Last Sickness, Two Years
All the above information should be furnished by the Physician.
Place of Burial, Laurel Cemetery
Date of Burial, Sept 12, 77
Undertaker, J. H. Thomas
Place of Business, 189 Howard St
Address, No 22 Jackson Place
Thos. J. Evans, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. *20699*

The Physician who attended the person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *Sept 11th 1877*

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. *John Bowen*

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, *42* Years, Months, Days.

Color, *red*

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, *Salvage Foundry workman*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltim Co*

Duration of Residence in the City of Baltimore, *5 years*

Place of Death, { Give street and number. } *L Mc Elroy st 48*

Cause of Death, { First (Primary), Second (Immediate), } *Apoplexy*

Duration of Last Sickness, *5 hours*

All the above information should be furnished by the Physician.

Place of Burial, *Laurel Cemetery*

Date of Burial, *Sept 12 1877*

E. C. Baldwin M. D.
Medical Attendant.

{ Undertaker, *J. Davis*

{ Place of Business, *103 Lee St*

Address *124 N Exeter*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. *20,400*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

CERTIFICATE OF DEATH.



Date of Death, *11th September 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *John Henry Richardson*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, *1* Years, *20* Months, *10* Days.

Color, *White* Sex, *Male*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Single*

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *S. Carey St. Balt.*

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } *1011 1/2 St. N. W.*

Cause of Death, { First (Primary,) Second (Immediate,) } *Summer Complaint*

Duration of Last Sickness, *7 weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Western Cemetery*

Date of Burial, *Sept 12th*

Undertaker, *Wm. M. Leonard & son*

Place of Business, *782 W. Baltimore St*

J. H. Benson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

20701.

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *Sept. 12/77*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Harriet Laura Herbert*

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *6* Years, *3* Months, *3* Weeks, *3* Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore*

Duration of Residence in the City of Baltimore, *2 years 3 weeks.*

Place of Death, { Give street and number. } *No 3 Federal St.*

Cause of Death, { First (Primary,) Second (Immediate,) } *Scarlet Fever*

Duration of Last Sickness, *Two (2) days.*

All the above information should be furnished by the Physician.

Place of Burial, *Baltimore Cem*

Date of Burial, *Sept 13th 1877*

{ Undertaker, Place of Business, } *Chas F. Scriven 221 N. Eutaw*

Address, *339 W. Lombard St.*

J. L. Spicer M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 20702

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

Sept 11th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Markus Eugene Smith

Sex, Male or Female,

Cross out the word not required in this line.

Age,

5

Years,

7

Months,

27

Days.

Color,

White

Sex,

male

Married, Single, Widowed or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

102 Dolphin St. Baltimore, Md

Duration of Residence in the City of Baltimore,

all his life

Place of Death,

Give street and number.

108 Dolphin St. Baltimore

Cause of Death,

First (Primary),

Probably Malarial Febrile: he was seen only a few hours before his death.

Second (Immediate),

do.

Duration of Last Illness,

2 days - according to report given

All the above information should be furnished by the Physician.

Place of Burial,

St Patrick Cem

S. C. Chas

M. D.

Date of Burial,

Sept 13th 1877

Medical Attendant.

Undertaker,

Chas T. Scriven

Address

141 Larnest St.

Place of Business,

271 N. Euterpe St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 20713

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

September 11th
Cora Grammer

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, 11 Years, 5 Months, Days.

Color, White Sex, Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

4 years 5 mos

Place of Death, { Give street and number. }

405 McHenry St.

Cause of Death, { First (Primary,) Second (Immediate,) }

Diphtheria

Duration of Last Sickness,

Two weeks

All the above information should be furnished by the Physician.

Place of Burial, *Laurel Park Cemetery* *Mr. G. Hollyday* M. D. Medical Attendant.

Date of Burial, *Sep 13*

{ Undertaker, *J. B. Cook*

{ Place of Business, *707 West Baltimore St* Address *Carroll P. O.*

11 Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

20704

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

Sept 12th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Samuel Walker

Sex, ~~Male~~ Female,

Cross out the words not required in this line.

Age,

Years,

Months,

11

Days

Color,

white

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.)

Baltimore City

Duration of Residence in the City of Baltimore,

Five

Place of Death, { Give street and number.

355 S. Charles St

Cause of Death, { First (Primary),

Second (Immediate),

Asthenia

Duration of Last Sickness,

13 days

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore City

Date of Burial,

Sept 13 1877

Undertaker,

C. F. Herold

Place of Business,

Hanover

Address,

Commissioner of the Health Department

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by John Walker
Father

[OVER.]

City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

20705

Who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

September 12th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Mary & Jas Grob

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, Years,

Months, 30 hours

Color,

white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

city

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

146 Forest St

Cause of Death, { First (Primary,) Second (Immediate,) }

Convulsion

Exhaustion

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, ~~Ed~~ ~~Alphons~~ Cemetery

Date of Burial, 13 Sept 2 o'clock

{ Undertaker, George C Rodenmayer

{ Place of Business, 38 Canal St

J. A. Warner M. D.
Medical Attendant.

Address 256 N Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

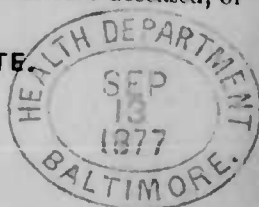
OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 20706

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

CERTIFICATE OF DEATH.



Date of Death,

Sept 12th

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Wallace A. Pinchart

Sex, Male or Female,

Cross out the word not required in this line.

Age,

6

Years,

4

Months,

14

Days.

Color,

White

Sex,

Male

Married, Single, Widow or Widower,

Cross out the word not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

370

Myrtle Avenue

Cause of Death,

First (Primary),

Second (Immediate),

Dysentery

Duration of Last Sickness,

All the above information should be furnished by the Physician.

8 days -

Place of Burial,

Baths Cemetery

Date of Burial,

Sept 13th, 1877

E. M. Davis

M. D.

Medical Attendant.

Undertaker,

James Chalmer

Place of Business,

262 Penna Ave

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

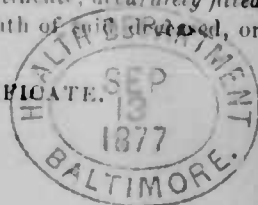
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 20707

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

September 11th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Fredrick Martinis

Sex, Male ~~Female~~, { Cross out the word not required in this line. }

Male

Age, — 14 — Years,

Months,

Days.

Color,

White

~~Married, Single, Widowed or Never~~, { Cross out the words not required in this line. }

~~Occupation~~,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore City
Life

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

No 204 West St

Cause of Death, { First (Primary,) Second (Immediate,) }

Typhoid Fever

Duration of Last Sickness,

10 days

All the above information should be furnished by the Physician.

Place of Burial,

Mount Carmel Cemtry

Date of Burial,

Sept. 13th 1877.

{ Undertaker,

L. Ritz.

{ Place of Business,

No. 129 1/2 S. Broadway

Address

No 22 Jackson Place

Thomas J. Evans M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 207118

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Sex, Male or Female,

Cross out the word not required in this line.

Age,

6 days

Years,

Months,

Days.

Color,

White

Sex,

Married, Single, ~~Widow~~ or ~~Widower~~,

Cross out the words not required in this line.

Occupation,

Infant

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Philadelphia Road

Duration of Residence in the City of Baltimore,

6 days

Place of Death,

Give street and number.

E. Fayette St. Extended

Cause of Death,

First (Primary),

Second (Immediate),

Conjunctive Chill

Duration of Last Sickness,

6 days

All the above information should be furnished by the Physician.

Place of Burial,

Baculum Cemetery W. R. Way

M. D.

Date of Burial,

Sept 13th 1877

Medical Attendant.

Undertaker,

J. H. Harmer

Address

29 S. Broadway

Place of Business,

284 1/2 N. Calverton

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 207119

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE



CERTIFICATE OF DEATH.

Date of Death, September 12th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Elizabeth Sackel

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, 1 Years, 8 Months, Days.

Color, white Sex, Female

~~Married~~, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } No 303 Cross Street

Cause of Death, { First (Primary), Chalera Infantum
Second (Immediate), General Enterica

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Centos

Date of Burial, 13 Sept 1877

Henry Salzer M. D.
Medical Attendant.

{ Undertaker, Jm. Hiepler Address 165 W. Lombard
{ Place of Business, Cross an Sharp

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

No. 20710.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

Sept 12th

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Alice Stevens

Sex, Male or Female,

Cross out the word not required in this line.

Age,

Years,

9

Months,

4

Days.

Color,

Colored

Sex,

Female

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Balto

Duration of Residence in the City of Baltimore,

Life

Place of Death,

Give street and number.

Bouldin Alley near Baker St

Cause of Death,

First (Primary),

Capillary Bronchitis

Second (Immediate),

Asthma

Duration of Last Sickness,

2 Wks

All the above information should be furnished by the Physician.

Place of Burial,

Chap St Cemetery

Date of Burial,

Sept 13th

Chas E Sadtler

M. D.

Medical Attendant.

Undertaker,

J. C. Jordan

Place of Business,

13 Park Ave

Address

649 Penna Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 20711
The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested, so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, Sept. 12 1877
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Washington Lee Berry
Sex, Male ~~or Female~~ { Cross out the word not required in this line. }
Age, 4 Years, 2 Months, 2 Days.
Color, White

~~Married, Single, Widow or Widower~~, { Cross out the word not required in this line. }
Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } Primary St.

Cause of Death, { First (Primary.) Measles
Second (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Washington St.

Date of Burial, Sept 13 1877 W. M. Miller M. D.
Undertaker, C. H. Bluff Medical Attendant.

Place of Business, Public Address 121 N. Howard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 872

[OVER.]

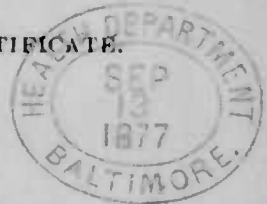
Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

20712

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *September 11th 1877.*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Ephraim Plummer*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, *68* Years, _____ Months, _____ Days.

Color, *White*

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } *Widower*

Occupation, *Farmer*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore County*

Duration of Residence in the City of Baltimore, *Ten Days.*

Place of Death, { Give street and number. } *#266 Ramsey St.*

Cause of Death, { First (Primary,) Second (Immediate,) } *Dysentery*

Duration of Last Sickness, *Ten Days.*

All the above information should be furnished by the Physician.

Place of Burial, *Laurel Pince George County*

Date of Burial, *Sep 13th 1877*

{ Undertaker, *Hughes & Co* } Address *W. M. Co. Baltimore City*

{ Place of Business, *3150 Fayette St.* }

Edward M. Rice M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 871

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 20713

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

CERTIFICATE OF DEATH.



Date of Death, Thursday Sept 13th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Elizabeth Anne Thomas

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 43 Years, Months, Days.

Color, White Sex, Female

Married, Single, Widow ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } County Down Ireland

Duration of Residence in the City of Baltimore, 12 years

Place of Death, { Give street and number. } No 2 Beekmant St

Cause of Death, { First (Primary,) Extensive burn -
Second (Immediate,) Pyæmia -

Duration of Last Sickness, four days

All the above information should be furnished by the Physician.

Place of Burial, Catholic Cemetery, Springfield M. D.

Date of Burial, Sept 14th 1877 Medical Attendant.

{ Undertaker, Jas P. Byrne Address 514 Calvert St
{ Place of Business, Front St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 20714
Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Sep 12th

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Edith Clayton

Sex, Male or Female,

Cross out the words not required in this line.

Female

Age,

Years,

4

Months,

15

Days

Color,

White

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in United States, if of foreign birth.)

Balt

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

93 Helen St

Cause of Death,

First (Primary),

Second (Immediate),

Tubercular Meningitis

Duration of Last Sickness,

Ten days

All the above information should be furnished by the Physician.

Place of Burial,

Green Mount Cemetery

Date of Burial,

Sep 14th 1877

Undertaker,

Thos J. Hughes

Place of Business,

111 E Baltimore

W. Whitredoe M.D.
Medical Attendant.

Address, Chas & Read Street

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

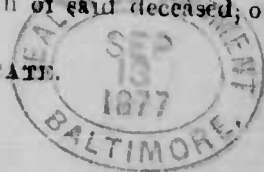
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20715

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased; or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, September 11th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Josephine Stewart

Sex, ~~Male~~ or Female, { Cross out the words not required in this line. }

Age, 27 Years, Months, Days

Color, Black

Married, Single, ~~Widow~~ or ~~Widower~~; { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Baltimore City

Duration of Residence in the City of Baltimore, 27 years

Place of Death, { Give street and number. } No. 86 W. Duhamel St

Cause of Death, { First (Primary,) Heart Disease
Second (Immediate,) Dropsy

Duration of Last Sickness, 5-6 months

All the above information should be furnished by the Physician.

Place of Burial, Lakeside Cem

Date of Burial, September 13 1877

Undertaker, The Undertaker

Place of Business, 56 Jefferson St

Wm. L. Russell M.D.
Medical Attendant.
Address, Broadway & Madison St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

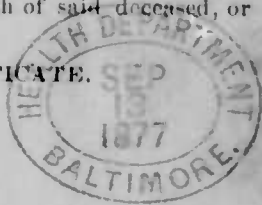
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

20716

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

September 10th 1877

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents }

John S. Sommerville

Sex, Male or Female,

{ Cross out the word not required in this line. }

Male

Age,

47

Years,

Months,

Days.

Color,

Colored

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Married

Occupation,

Salvor

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

St Marys Co Md

Duration of Residence in the City of Baltimore,

10 yrs

Place of Death,

{ Give street and number. }

142 N. Spring St.

Cause of Death,

{ First (Primary.) }

{ Second (Immediate.) }

Phthisis
Dropsy

Duration of Last Sickness,

6 months to 1 yr

All the above information should be furnished by the Physician.

Place of Burial,

Land Cemetery

Date of Burial,

Sept 12

John A. Corner

M. D.

Medical Attendant.

Undertaker,

William J. Dugue

Place of Business,

62 East St

Address 286 E. Balt. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

K

O

Board of Health, City of Baltimore,

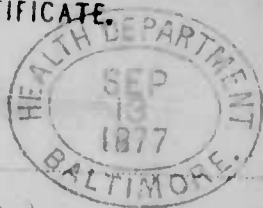
OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20717

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Sept 12, 1877

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Rosina Cadesin

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Age,

Years,

2

Months,

15

Days.

Color, Mulatto

~~Married~~, Single, ~~Widow~~ or ~~Widower~~,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth. }

Baltimore Md

Duration of Residence in the City of Baltimore,

10 Mths

Place of Death,

{ Give street and number. }

43 Walker St -

Cause of Death,

{ First (Primary.) }

Pneumonia

{ Second (Immediate.) }

Duration of Last Sickness,

7 days

All the above information should be furnished by the Physician.

Place of Burial,

Levin Cemetery

Date of Burial,

Sept 13 1877

Undertaker,

William H. Dunge

Place of Business,

No 80 Stockdale Alley

Address

349 Leech

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

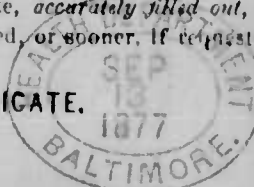
OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20718

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Sept., 11th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

George Tallott
Male

Sex, Male or Female, { Cross out the word not required in this line. }

Age, about 60 Years,

Months,

Days,

Color,

Colored

Married, Single, Widow or Widower, { Cross out the word is not required in this line. }

Married

Occupation,

Labourer

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Baltimore Md.

Duration of Residence in the City of Baltimore,

15 years

Place of Death, { Give street and number. }

Res 234 Thomas St. Sun Street

Cause of Death, { First (Primary), Second (Immediate), }

Signer
Drowned

Duration of Last Sickness,

Short

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, Sept 12

Underwriter, William D. Dugan

Place of Business, 62 E. Calvert St

R. C. Lee

~~Edw. D. Dugan~~

M. D.

N. W. C. Coram S. D.

Address Hancock Barr St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

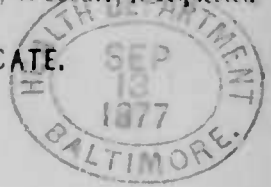
OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20719

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, Sept 10th 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Isaac P Horsey.

Sex, Male or Female, { Cross out the word not required in this line. } Male.

Age (About) 30 Years, Months, Days.

Color, Black

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. } Married.

Occupation, Laborer. Shuck & Co.

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Worcester Co. Md.

Duration of Residence in the City of Baltimore, 13 years.

Place of Death, { Give street and number. } 39 Douglas.

Cause of Death, { First (Primary,) Second (Immediate,) } Phthisis Pulmonalis.

Duration of Last Sickness, Four three years.

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, Sept 12

Undertaker, William C. Dwyer

Place of Business, 62 East St. Address 24 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

No. 20720

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, Eight Years, Ten Months, Nineteen Days.

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) } Rheumatism with organic disease of the heart dropsy

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Sept 13th

Undertaker, H.C. Wiedefeld

Place of Business, 90 Greenmount Av

Address #584 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

at No. 2072/

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, September 13th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Lydia Goebel

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 1 Years, 4 Months, 1 Days.

Color, white

Sex, Female

~~Married~~, Single, ~~Widow~~, ~~or~~ ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Baltimore Md.

Duration of Residence in the City of Baltimore,

lifetime

Place of Death, { Give street and number. }

50 N. Exeter St.

Cause of Death, { First (Primary,) Second (Immediate,) }

General Debility from Chronic Enteritis.

Miliary Tuberculosis and meningitis basilaris

Duration of Last Sickness,

6 days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cent.

Date of Burial, 14th Sep. 1877

Henry Salzer M. D.
Medical Attendant.

{ Undertaker, R. B. Burtell

{ Place of Business, 100 N. Gay St.

Address

168 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 20722

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Sept. 12th 1877

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Joannes Shaffer.

Sex, ~~Male~~ Female,

{ Cross out the words not required in this line. }

Age,

24 Years,

Months,

Days

Color,

Wh.

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in United States, if of foreign birth.) }

Balto City.

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give street and number. }

325 Light St.

Cause of Death,

{ First (Primary), }

{ Second (Immediate), }

Pericarditis

Duration of Last Sickness,

2 weeks.

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore cemetery

Date of Burial,

Sept. 14, 1877

{ Undertaker,

Charles F. Herold

{ Place of Business,

161 Hanover St.

R. J. H. Tall M.D.
Medical Attendant.

Address,

152 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20723

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Sex, Male or Female,

Cross out the word not required in this line.

Age,

Years,

Months,

Days.

Color,

Sex,

Married, Single, Widow or Widower, Cross out the words not required in this line.

Occupation,

Birthplace, State or country (and how long in the United States, if of foreign birth.)

Duration of Residence in the City of Baltimore,

Place of Death, Give street and number.

Cause of Death, First (Primary),
Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

M. D.

Medical Attendant.

Undertaker,

Place of Business,

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore,

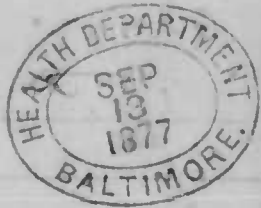
OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 20724

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *John A. Barlage Sept 10*
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *John Barlage*
Sex, Male or Female, { Cross out the word not required in this line. }
Age, *30* Years, Months, Days.
Color, *White*
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation, *Sailing man*
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Beth*
Duration of Residence in the City of Baltimore, *Life*
Place of Death, { Give street and number. } *No. 411 Gilman st. Home*
Cause of Death, { First (Primary.)
Second (Immediate.) } *shot by a pistol.*
Duration of Last Sickness, *instant death*
All the above information should be furnished by the Physician.
Place of Burial, *Cathedral Cemetery*
Date of Burial, *Sept 13th 1877* *Geo. C. A. Corning M. D.*
Undertaker, *Peter Kimmert* Medical Attendant.
Place of Business, *311 Dullberg St.* Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20725

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, Sept 12th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Lucretia Perry

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 21 Years, Months, Days.

Color,

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary.) Second (Immediate.) }

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Friendship Avenue

Date of Burial, Sept 14th 1877

{ Undertaker, Armstrong & Son

{ Place of Business, 263 E. 7th St

Address

353 Howard Street
Baltimore City

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20726

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 12, 1877

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. Emma K Bowers

Sex, Male or Female, Cross out the word not required in this line.

Age, 24 Years, Months, Days.

Color, White Sex, Female

Married, Single, Widow or Widower, Cross out the words not required in this line. Single

Occupation,

Birthplace, State or country (and how long in the United States, if of foreign birth.) Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, Give street and number. 65 South Fremont

Cause of Death, First (Primary,) Second (Immediate.) Amenorrhoea Phthisis Pulmonalis

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery J. B. B. Brown M. D.

Date of Burial, Sep 14 Medical Attendant.

Undertaker, J. B. Cook Address 307 Madison Avenue
Place of Business, 707 West Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20727

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Sept 13th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Amie Miller

Sex, ~~Male~~ Female,

Cross out the words not required in this line.

Age,

Years,

17

Months,

Days

Color,

White

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

17 months

Place of Death, { Give street and number. }

180 East 81st

Cause of Death,

First (Primary),

Hooping Cough

Second (Immediate),

Pneumonia

Duration of Last Sickness,

Three weeks

All the above information should be furnished by the Physician.

Place of Burial,

St. Albans Church

Date of Burial,

Sept 14th 1877

Undertaker,

Henry Wood

Place of Business,

369 N. Central St.

Address,

166 N. Dwyer St.

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20728

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Sept. 11, 1877

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Mary

Sex, Male or Female,

{ Cross out the words not required in this line. }

Female

Age,

Years,

Months,

14

Days

Color,

white

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in United States, if of foreign birth.) }

Freundling

Duration of Residence in the City of Baltimore,

House 3 days

Place of Death,

{ Give street and number. }

St Vincent's Infant Asylum

Cause of Death,

{ First (Primary.) }

{ Second (Immediate.) }

marasmus

Spasms

unknown

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Cathedral Cemetery

Date of Burial,

Sept 14, 1877

{ Undertaker,

Sam'l Bowser

{ Place of Business,

156 Division St.

Martiny Brewer

M. D.

Medical Attendant.

Address,

201 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20729

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

September 13th

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

James Knight

Sex, Male or Female,

Cross out the words not required in this line.

Age,

2

Years,

Months,

7

Days

Color,

White

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in United States, if of foreign birth.)

Baltimore

Duration of Residence in the City of Baltimore,

Since Birth

Place of Death,

Give street and number.

239 Montgomery St

Cause of Death,

First (Primary),

Phthisis

Second (Immediate),

Tubercular Meningitis

Duration of Last Sickness,

3 months

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore Cemetery

Date of Burial,

Sept 15th 1877

Undertaker,

Charles H. Hager

Place of Business,

161 Hanover St

Thos. D. Costa

M. D.

Medical Attendant.

Address,

146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20730

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

September 12th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Catherine Glenn

Sex, Male or Female,

Cross out the word not required in this line.

Female

Age,

41

Years,

Months,

Days.

Color,

White

Sex,

Female

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Married

Occupation,

Birthplace, State or country (and how long in the United States, if of foreign birth.)

Maryland

Duration of Residence in the City of Baltimore,

Lifetime

Place of Death, Give street and number.

18 S. Chester St

Cause of Death,

First (Primary),

Second (Immediate),

Cholera Morbus

Duration of Last Sickness,

20 hours

All the above information should be furnished by the Physician.

Place of Burial,

London Park Cemetery

Date of Burial,

Sept 16th 1877

Undertaker,

Hughes & Co

Place of Business,

65 S. Broadway,

Address

Cor. Broadway & Pratt St

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20731

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, Sept 13 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Phillips Winkles

Sex, Male ~~Female~~ { Cross out the words not required in this line. }

Age, _____ Years, _____ Months, 3 Days

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Balt. City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 60 Sharp St

Cause of Death, { First (Primary,) Second (Immediate,) } Convulsions

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Sept 14 1877

{ Undertaker, C. F. Scriven } Address, Comm of Health

{ Place of Business, Eutaw St } Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Nicholas Winkles, Father

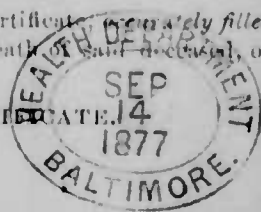
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20732

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death, *and a receipt*, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *September 12^c, 1877*
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents } *Miee Louisa Hammond*
Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } *Female*
Age, Years, *Eleven* Months, *Nine* Days.
Color, *Colored*
Married, Single, Widow or Widower, { Cross out the words not required in this line. } *—*
Occupation, *—*
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore, Md.*
Duration of Residence in the City of Baltimore, *Life Time*
Place of Death, { Give street and number. } *No 27 Mc Carben Street*
Cause of Death, { First (Primary.) } *Whooping Cough*
{ Second (Immediate.) } *Marasmus*
Duration of Last Sickness, *Two weeks*

All the above information should be furnished by the Physician.

Place of Burial, *St. Mary's Cemetery*
Date of Burial, *Aug 14th 1877*
{ Undertaker, *Thos. J. Locks*
{ Place of Business, *56 Jefferson St*

Wm H. Clendinen M. D.
Medical Attendant.

Address *No. 102 E. Broadway*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

to last of diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 20733

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

Sept 13th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

John Henry Stokes

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 6 Years,

1 Months,

24 Days.

Color, Colored

Sex,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Balt^o City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

447 Saratoga St
Diphtheria

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

6 days.

All the above information should be furnished by the Physician.

Place of Burial, Sunset Cemetery

Date of Burial, Sept 14 1877

{ Undertaker, John C. Babin
Place of Business, 2162 Park St

P. Winslow M. D.
Medical Attendant.

Address 231 W Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

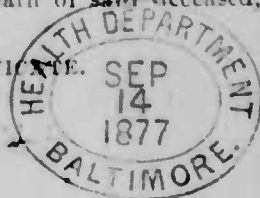
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20734

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

Sept 13, 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Rebecca Smith

Sex, ~~Male~~ or Female, { Cross out the words not required in this line. }

Age,

73

Years,

Months,

Days

Color,

White

~~Married~~, Single, Widow or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Lady

Birthplace, { State or country (and how long in United States, if of foreign birth.) }

Baltimore Co. Md.

Duration of Residence in the City of Baltimore,

About 60 yrs.

Place of Death, { Give street and number. }

4 Semmon Court

Cause of Death, {

First (Primary.)

Second (Immediate.)

Paralysis

Duration of Last Sickness,

2 years

All the above information should be furnished by the Physician.

Place of Burial,

Weston, C.

Date of Burial,

Sept 14 - 1877

{ Undertaker,

J. B. Blackiston & Son

{ Place of Business,

606 Batt St

Address,

John Ford

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 207357

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE



CERTIFICATE OF DEATH.

Date of Death, September 12th
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } George Wm. Andrews
Sex, Male ~~Female~~ { Cross out the word not required in this line. }
Age, 76 Years, x Months, x Days.
Color, white Sex, Male
Married, Single, ~~Widow~~ { Cross out the words not required in this line. }
Occupation, Chemist
Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore
Duration of Residence in the City of Baltimore, Life time
Place of Death, { Give street and number. } No 237 North Calver St.
Cause of Death, { First (Primary) Obstruction of the Duodenum -
{ Second (Immediate) }
Duration of Last Sickness, about 14 days
All the above information should be furnished by the Physician.
Place of Burial, Westminster Co. Reppin Buckle M. D.
Date of Burial, Sept 14/77 Medical Attendant.
{ Undertaker, Geo. St. James Address 135 N. Charles
{ Place of Business, 206 Fremont St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

and to List of Diseases on back of this Certificate.

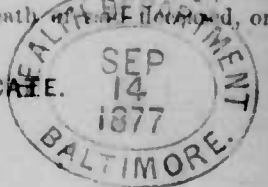
Board of Health, City of Baltimore,

Permit No. 20736,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, Sept 12. 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Catherine Chambers

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, about 75 Years, ——— Months, ——— Days.

Color, Black

Sex,

~~Married~~, Single, Widow or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Cook

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Kent. Co Maryland

Duration of Residence in the City of Baltimore, about 60 years

Place of Death, { Give street and number. }

315 Madison Ave Balto

Cause of Death, { First (Primary,) Gradual failure from old age
Second (Immediate,) Diarrhea & exhaustion

Duration of Last Sickness, about 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Fair St Cemetery

Date of Burial, Sept 14th 1877

Wm Carey Thomas M. D.
Medical Attendant.

{ Undertaker,

Jm Jones

{ Place of Business,

63 Mulberry St

Address

317 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20737

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

Date of Death,

September 13 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents }

John H. Eckhardt.

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age, 33 Years,

11 Months,

5 Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Married

Occupation,

Laborer

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Philadelphia Pa.

Duration of Residence in the City of Baltimore,

30 years.

Place of Death, { Give street and number. }

Lead mine near Lead factory S.B.

Cause of Death, { First (Primary,) Second (Immediate,) }

Lead Paralysis

Duration of Last Sickness,

Said to be 6 weeks -

All the above information should be furnished by the Physician.

Place of Burial,

Western Cemetery

Date of Burial,

Sept 15 1877

{ Undertaker,

Henry Brice

{ Place of Business,

Demetree St 481

Address

108 S. Charles St.

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *20738*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

Sept. 12th 1877

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Robert H. Johnson

Sex, *Male* or ~~Female~~,

{ Cross out the words not required in this line. }

Age,

Years,

8

Months,

Days

Color,

Colored

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in United States, if of foreign birth.) }

Baltimore City

Duration of Residence in the City of Baltimore,

Life

Place of Death,

{ Give street and number. }

106 N. Spring Street

Cause of Death,

{ First (Primary),
Second (Immediate), }

Feething

Duration of Last Sickness,

2 Months

All the above information should be furnished by the Physician.

Place of Burial,

Laurel Cem.

Date of Burial,

Sept. 14th 1877

{ Undertaker,

Wm. A. Dungee

{ Place of Business,

62 East St.

Address,

*Commissioner of Health
& Registrar*

James A. Stearns M.D.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

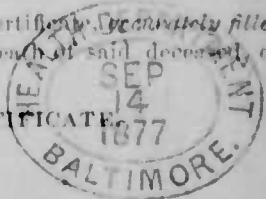
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20739

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *carefully filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

Sept 13

1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

John Wesley Gaston

Sex, Male ☒ Female, { Cross out the word not required in this line. }

Age,

Years,

Months,

100 Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

233 Westman Street

Cause of Death, { First (Primary.) Second (Immediate.) }

Debility

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

St. Alphonsus Cemetery

Date of Burial,

Sept 14

John Barron M. D. Medical Attendant.

Undertaker,

George Chaffran

Place of Business,

121 Penna Ave

Address 79 N. E. Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20740

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, Sept 13 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Maggie Schmitt

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 11 Years, 1 Months, Days.

Color, White Sex, Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, none

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, 11 years 1 month

Place of Death, { Give street and number. } 369 Orleans St

Cause of Death, { First (Primary,) Blipthemic Cramp
Second (Immediate,) "

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Calvarius Cemetery A. G. Watson M. D.

Date of Burial, Sep 14 Medical Attendant.

{ Undertaker, J. Henning
{ Place of Business, 280 Orleans St. Address 1117 N. Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 20741

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, Sept 13th 1877
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Bridget Noonan
Sex, Male or Female, { Cross out the word not required in this line. }
Age, One Years, Months, Days.
Color, White
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation,
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore Md
Duration of Residence in the City of Baltimore,
Place of Death, { Give street and number. } Cor Elliot & Potomac
Cause of Death, { First (Primary,) Dementia
Second (Immediate,)
Duration of Last Sickness, 2 months
All the above information should be furnished by the Physician.
Place of Burial, St. Patrick's Church
Date of Burial, Sept 15th E. J. Williams M. D. Medical Attendant.
{ Undertaker, Ambrose Koehler Address 107 Potomac St
{ Place of Business, 244 E Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

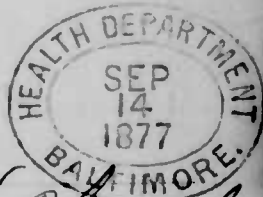
OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20742

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, Sept 13 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Marietta Edw. Speed

Sex, Male or ~~Female~~, { Cross out the words not required in this line. }

Age, Years, Months, 4 Hours Days

Color, Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 142 Booth St

Cause of Death, { First (Primary), Second (Immediate), } Asthenia

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Local Cemetery James A. Stenob M.D.

Date of Burial, Sept 14 1877 Medical Attendant

{ Undertaker, W. H. Duggie Address, Comm of Health

{ Place of Business, East St Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Charlotte Warren [OVER] McDuck

Board of Health, City of Baltimore,

Permit No. 20743

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, Sep 13th 1877

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. Mary Pocock.

Sex, ~~Male~~ or Female, Cross out the word not required in this line.

Age, 1 Years, 7 Months, 7 Days.

Color, White Sex,

Married, Single, Widow or Widower, Cross out the words not required in this line.

Occupation,

Birthplace, State or country (and how long in the United States, if of foreign birth.) Canton St Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, Give street and number. Canton St -

Cause of Death, First (Primary),

Second (Immediate),

Feeding

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Schwartz Grave yard

Date of Burial, September 14th 1877 J. H. Martin M. D.

Medical Attendant.

{ Undertaker, H. M. Giboneyer Address

{ Place of Business, 340 Canton St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *20744*.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said *deceased*, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *Sept 14 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *John M. Posther*

Sex, *Male* or *Female*, { Cross out the word not required in this line. }

Age, *White* Years, *12* Months, *12* Days.

Color, *White* Sex, *Male*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *11. Patuxent St Baltimore*

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } *" " "*

Cause of Death, { First (Primary,) Second (Immediate,) } *Inanition*

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, *Point Grave yard*

Date of Burial, *September 15th 1877*

{ Undertaker, *J. M. Gilmeyer*

{ Place of Business, *310 Canton St.*

Address *Corbenton & Henderson*

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20745

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 13th 1877

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. Rose Elizabeth Byrnes

Sex, ~~Male~~ or Female, Cross out the word not required in this line.

Age, 55 Years, Months, Days.

Color, White Sex,

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, Cross out the words not required in this line.

Occupation, Housewife

Birthplace, State or country (and how long in the United States, if of foreign birth.) Philadelphia Pa

Duration of Residence in the City of Baltimore, Twenty-two years

Place of Death, Give street and number. 52 N. Front St

Cause of Death, First (Primary), Second (Immediate), Softening of brain Apoplexy

Duration of Last Sickness, Two hours

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Sept 15th 1877

Wm H Biffen-daffer M. D.
Medical Attendant.

{ Undertaker, Jas P Byrne Address 210 N Front St
{ Place of Business, 63 Front St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

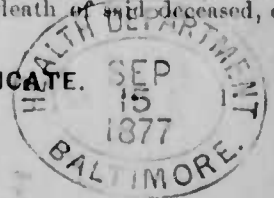
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *20746*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of ~~and~~ deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *Sept-13/77*
 Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Amie Emmert*
 Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }
 Age, *2* Years, _____ Months, *10* Days.
 Color, *white* Sex, *Female*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, *life*

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness, *10 hours*

All the above information should be furnished by the Physician.

Place of Burial, *4 miles on the old Frederick road in Baltimore county* *Thomas Opie* M. D.
 Date of Burial, *sep 15 1877* Medical Attendant.

{ Undertaker, *J B Cook* Address *396 N. Fay St*
 { Place of Business, *1070 N Baltimore street*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

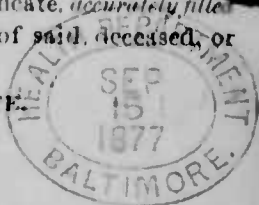
Board of Health, City of Baltimore,

Permit No. *20747*

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of *said deceased*, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *September 14th 1877.*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Annie Redgrave
Female

Sex, ~~Male~~ or Female, { Cross out the words not required in this line. }

Age, *Five* Years, Months, Days

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore, *Five years.*

Place of Death, { Give street and number. }

77 Poppleton St. City

Cause of Death, { First (Primary,) Second (Immediate,) }

Diphtheria

Apnoea

Duration of Last Sickness,

Thirteen days.

All the above information should be furnished by the Physician.

Place of Burial, *Bolt Cemetery*

Date of Burial, *Sept 16th 1877*

Undertaker, *Geo. H. Weaver*

Place of Business, *226 Fayette St*

Zenus Barman M. D.
Medical Attendant.

Address, *Baltimore Infirmary*

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

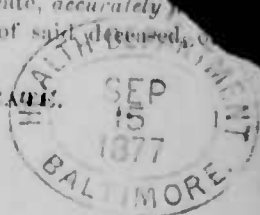
Board of Health, City of Baltimore,

Permit No. 20748

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, September 14th 1877

Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents. Sada Elizabeth Lantz

Sex, ~~Male~~ Female, Cross out the word not required in this line.

Age, Three Years, Three Months, Days.

Color,

Married, Single, Widow or Widower, Cross out the words not required in this line.

Occupation,

Birthplace, State or country (and how long in the United States, if of foreign birth.) Baltimore city

Duration of Residence in the City of Baltimore, Thirtynine months,

Place of Death, Give street and number. 866 West Pratt st.

Cause of Death, First (Primary), Second (Immediate). Diphtheria

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, Sept^r 16th '77,

Undertaker, John P Paulus,

Place of Business, 66 Frederick Av,

Address, 1584 W Fayette St.

[Signature] M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of ~~leprosy~~ and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 20749

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *Sept 14 1877*
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Mildred E. Boon*
Sex, *Male* ~~Female~~ { Cross out the words not required in this line. }
Age, *2* Years, *2* Months, *2* Hours *Days*
Color, *col'd*
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation,
Birthplace, { State or country (and how long in United States, if of foreign birth.) } *Balt City*
Duration of Residence in the City of Baltimore, *Life*
Place of Death, { Give street and number. } *456 Paratoga St*
Cause of Death, { First (Primary,) Second (Immediate,) } *Asthma*
Duration of Last Sickness, *Life*
All the above information should be furnished by the Physician.
Place of Burial, *Laurel Cemetery*
Date of Burial, *Sept 15 1877* *James A. Smith* M. D.
Undertaker, S. W. Church Address, Comm of Health
Place of Business, Howard St *Registrar*

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Mary Goldsboro [OVER.]
Medwith

Board of Health, City of Baltimore,

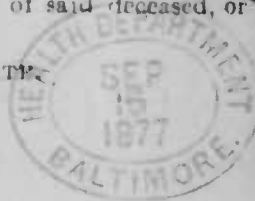
Permit No. 20750

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *Sept 14th 1897*
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Virginia Brickhouse*
Sex, ~~Male~~ or Female, { Cross out the words not required in this line. }
Age, _____ Years, *10* Months, _____ Days
Color, *Black*
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation, _____
Birthplace, { State or country (and how long in United States, if of foreign birth.) } *Baltimore Md.*
Duration of Residence in the City of Baltimore, *10 months*
Place of Death, { Give street and number. } *94 S. Balch St.*
Cause of Death, { First (Primary,) Second (Immediate,) } *Marasmus*
Duration of Last Sickness, *Two months*
All the above information should be furnished by the Physician.
Place of Burial, *Lalier Street*
Date of Burial, *Saturday. Sep. 15*
{ Undertaker, *Charles White*
Place of Business, *35 Grand St.* }
Medical Attendant, *Ed. Jordan* M. D.
Address, *166 N. Exeter St.*

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 20757

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Sept 14th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Edward Williams

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

8

Years,

Months,

Days.

Color,

Colored.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

B. Co.

Duration of Residence in the City of Baltimore,

Lifetime

Place of Death, { Give street and number. }

299 S. Susan

Cause of Death, { First (Primary,) Second (Immediate,) }

Typhoid Fever

Duration of Last Sickness,

4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Bowie Station

Date of Burial, Sept 16th 77

Undertaker, S. W. Chase

Place of Business, 198 S. Howard St.

J. Harvey Hill, M.D. Medical Attendant.

Address

109 S. Howard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 875

[OVER.]

Board of Health, City of Baltimore,

Permit No. 20752

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 14th September 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Maggie M. Schott.

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, Five

Years, 7

Months,

Days.

Color,

white

Sex,

~~Married, Single, Widower or Widow~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Baltimore.

Duration of Residence in the City of Baltimore, Five years.

Place of Death, { Give street and number. }

347. Franklin St.

Cause of Death, { First (Primary),

Rheumatic. Endo-pericarditis.

{ Second (Immediate),

Endo-Carditis - pericardial effusion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Gen

Date of Burial, Sept 16th 1877

W C Van Bibber

M. D.

Medical Attendant.

{ Undertaker, Chas T Scriven

{ Place of Business, 211 N Eutaw St

Address 47. Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 20753

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, Sept. 14th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } M. Dalrymple

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 28 Years, 9 Months, Days.

Color, White Sex, Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Trimmer

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balt. City

Duration of Residence in the City of Baltimore, Whole life

Place of Death, { Give street and number. } 187 N. Front

Cause of Death, { First (Primary,) Second (Immediate,) } Typhoid Malarial Fever

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Saint Vincent Cemetery

Date of Burial, Sept 16th 1877

{ Undertaker, Wm H Hickman } Address 134 N. High

{ Place of Business, 10234 1st Gay St }

Medical Attendant, S. G. Boyner M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. *20752*

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *regularly* out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of *said* deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *Sept 14*, *1877*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Rosa May Wittenman*

~~Sex, Male~~ Female, { Cross out the words not required in this line. }

Age, *70* Years, *0* Months, *0* Days

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, *None*

Birthplace, { State or country (and how long in United States, if of foreign birth.) } *Baltimore*

Duration of Residence in the City of Baltimore, *Life*

Place of Death, { Give street and number. } *674 W. 4th St.*

Cause of Death, { First (Primary,) *Chronic Diarrhea* }
{ Second (Immediate,) *Malarial Congestion* }

Duration of Last Sickness, *Two days*

All the above information should be furnished by the Physician.

Place of Burial, *Western Cemetery*

Date of Burial, *Sept 15th 1877*

{ Undertaker, *Hughes & Co* }

{ Place of Business, *354 Fayette St.* }

Chas. A. Brown M. D.
Medical Attendant.

Address, _____

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 20755

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurate, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Sept. 14th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Emma G. Bell

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age, 22 Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Married

Occupation,

Keeping her house

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give street and number. }

214 N. Eden St.

Cause of Death, { First (Primary,) Second (Immediate,) }

Phthisis

Duration of Last Sickness,

About one year.

All the above information should be furnished by the Physician.

Place of Burial,

Greenmount Ch.

Date of Burial,

Sept 15th 1877

A. C. Stein

M. D.

Medical Attendant.

Undertaker,

Henry G. Baer

Place of Business,

309 N. Central St.

Address 195 N. Eden St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. *20757*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately*, out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Sept 14th 1877

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents.

Emeline Stephen

Sex, ~~Male~~ Female,

{ Cross out the words not required in this line.

Age,

75

Years,

Months,

Days

Color,

White

Married, Single, ~~Widow~~ or ~~Widower~~,

{ Cross out the words not required in this line.

Occupation,

Birthplace,

{ State or country (and how long in United States, if of foreign birth.)

Germany

Duration of Residence in the City of Baltimore,

20 years

Place of Death,

{ Give street and number.

108 S Calhoun St

Cause of Death,

{ First (Primary,)
Second (Immediate,)

Pneumonia of Heart
3 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore

Date of Burial,

Sept 16 1877

{ Undertaker,

Henry Jacob

{ Place of Business,

309 N. Central

Address,

Georg A. J. Connor

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 20757

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, according to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said decedent, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, Sept 14th '77

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Andrew J. Weidner

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 32 Years, Months, Days.

Color, white

Married, Single, Widowed or Widower, { Cross out the words not required in this line. }

Occupation, Machinist

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Balt

Duration of Residence in the City of Baltimore, All life

Place of Death, { Give street and number. } In P. Station House, Res 20 New

Cause of Death, { First (Primary,) Blow struck in a fight
Second (Immediate,) Extravasation of blood at base of brain
no fracture

Duration of Last Sickness, 10 minutes

All the above information should be furnished by the Physician.

Place of Burial, ~~St. Alphonsus~~ Cemetery

Date of Burial, 16th Sept. 1877

{ Undertaker, John H. Weaver
Place of Business, 129 N. Taca St. }

Address, Cor. 20th & P.D.

Edmund D. Bralke M. D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 20758

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurate, out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, Sept. 15, 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John L. Webb

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 4 Years, 4 Months, 2 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore, City

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number. } Chelara Infirmary (Orleans St)

Cause of Death, { First (Primary,) Second (Immediate,) } Cholera Infantum, Eclampsia

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount St. James

Date of Burial, September 16, 1877 James E. D. M. D. Medical Attendant.

{ Undertaker, John Henry

{ Place of Business, 386 Orleans St

Address 299 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 20789

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurate, out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Sept 14th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Mary Horgan

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Age,

2

Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Germany

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give street and number. }

377 Orleans Street

Cause of Death,

{ First (Primary), }

Diphtheria

{ Second (Immediate), }

Paralysis cordis

Duration of Last Sickness,

8 days

All the above information should be furnished by the Physician.

Place of Burial,

Wyannew Cemetery

Date of Burial,

Sept 16

Undertaker,

John Henning

Place of Business,

386 Orleans St.

Address

2457 N. ...

J. H. ... M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No. 20760

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurate, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Sept 14 1877

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

William L. Dehaum

Sex, Male or Female,

Cross out the word not required in this line.

Age,

29

Years

6

Months

11

Days

Color,

White

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Glass Blower

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Germany

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

152 Hughes St

Cause of Death,

First (Primary.)

Second (Immediate.)

Chronic White Apoplexy Softening of Brain

Duration of Last Sickness,

1 Year

All the above information should be furnished by the Physician.

Place of Burial,

Balto. Cem-

Date of Burial,

Sept 17

Undertaker,

Wm. F. Tiekner

Place of Business,

65 S. Eutan

Address

144 Hanover St

Atty

Geo. J. Dehaum M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

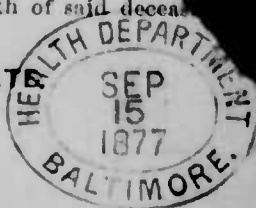
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 20761

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurate, out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE



CERTIFICATE OF DEATH.

Date of Death,

Sept 12 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Elizabeth Vassarina

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 22 Years,

5 Months,

Days.

Color, white

Sex,

female

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

always

Place of Death, { Give street and number. }

59 Myrtle St.

Cause of Death, { First (Primary,) Second (Immediate,) }

Phlegm

Duration of Last Sickness,

12 Months

All the above information should be furnished by the Physician.

Place of Burial,

Western Cemetery

Date of Burial,

16th of Sept.

M. D.

Medical Attendant.

{ Undertaker,

P. Kimmert

{ Place of Business,

317 Mulberry St.

Address

120 Pearl St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 20762

OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate of Death, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

Sept 14th 77

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Charlotte A. Small

Sex, ~~Male~~ or Female,

Cross out the word not required in this line.

Age,

One

Years,

eleven

Months,

Days.

Color, ~~red~~

Sex,

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

North Star St 43

Cause of Death,

First (Primary),

Second (Immediate),

Capillary Bronchitis.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Laurel Cemetery

Date of Burial,

Sept 15 1877

Undertaker,

John C. Gada

Place of Business,

N 68 Park St

Address

Dr. J. J. Day, M. D.
Medical Attendant.
Park Ave & Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 20763.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurate and true, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *Sept. 14, 1877.*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *George W. Squirrel*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, *7* Years, *11* Months, Days.

Color, *White* Sex, *Male*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, *Baltimore City*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore City*

Duration of Residence in the City of Baltimore, *242. Preston St.*

Place of Death, { Give street and number. } *Phthisis Pulmonalis*

Cause of Death, { First (Primary,) Second (Immediate,)

Duration of Last Sickness, *About three months*

All the above information should be furnished by the Physician.

Place of Burial, *Harper Cemetery* *W. H. Thompson* M. D.

Date of Burial, *Sept 16th 1877* Medical Attendant.

{ Undertaker, *Wm. Jones* Address *41 Orchard St.*

{ Place of Business, *63 Baltimore St.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. *20764*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurate, out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *September 15th*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Bessie King*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *Two* Years, *3* Months, *Female* Days.

Color, *Colored*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore City*

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } *29 Union Street*

Cause of Death, { First (Primary), Second (Immediate). } *Convulsions*

Duration of Last Sickness, *3 days*

All the above information should be furnished by the Physician.

Place of Burial, *Greenwood Cemetery*

Date of Burial, *Sept 16th 1877*

Undertaker, *James Green*

Place of Business, *15 Mulberry St* Address *57 N. Paca St.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 20765

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *Sept 15 1877*
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Joseph Reisinger*

Sex, *Male* { Cross out the words not required in this line. }

Age, *27* Years, _____ Months, _____ Days

Color, *white*

~~Married~~ Single, ~~Widow~~ { Cross out the words not required in this line. }

Occupation, *Broom Maker*

Birthplace, { State or country (and how long in United States, if of foreign birth.) } *Baltimore City*

Duration of Residence in the City of Baltimore, *5 years*

Place of Death, { Give street and number. } *14 Jasper St*

Cause of Death, { First (Primary), Second (Immediate), } *Consumption*

Duration of Last Sickness, *3 years*

All the above information should be furnished by the Physician.

Place of Burial, *Western Ave*

Date of Burial, *Sept 16 1877* *James A. Stenard* M.D.

{ Undertaker, *Conrad Kunkel* Address, *Commis of Health*
{ Place of Business, *Park Ave* *& Registrar*

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Edward M. Coull
80 N. Howard St

Board of Health, City of Baltimore,

Permit No. 20766

OFFICE OF REGISTRAR OF VITAL STAT

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurate, out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, September 13th 1877 at 8.30 o'clock P.M.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Michael Smith.

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 33. Years, Two Months, Six Days.

Color, White Sex, Male,

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married,

Occupation, Vegetable Truckster,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } County Meath Ireland

Duration of Residence in the City of Baltimore, Twenty Nine years

Place of Death, { Give street and number. } No 13, Comet St

Cause of Death, { First (Primary,) Second (Immediate,) } Phthisis Pulmonalis.

Duration of Last Sickness, Two & half months

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, Sept 16 1877

{ Undertaker, James D. Byrne

{ Place of Business, 403 N. Street

Address, 107 N. E. St. M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

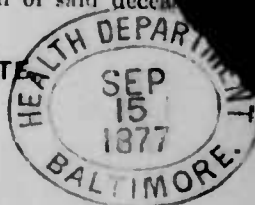
Board of Health, City of Baltimore,

Permit No. 20767

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE



CERTIFICATE OF DEATH.

Date of Death, Sept 15 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Giacomo. Cinio

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 11 Years, 5 Months, Days.

Color, White Sex, Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto. Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number. } 1066 President St

Cause of Death, { First (Primary,) } Septic Cholera

{ Second (Immediate,) }

Duration of Last Sickness, all 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, Vincents Cemetery

Date of Burial, Sept 16 1877

Undertaker, James P. Byrne

Place of Business, 263 N. Front St Address 73 E. Pratt St

Geo. S. Kinnison M. D. Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 20768.

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *presented* out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

~~Sept 14~~ 14th 1877.

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Mary Elizabeth Walter
Female

Sex, ~~Male~~ or Female,

{ Cross out the words not required in this line. }

Age,

49

Years,

Months,

Days

Color,

White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,

{ Cross out the words not required in this line. }

Married

Occupation,

Birthplace,

{ State or country (and how long in United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

49 Years.

Place of Death,

{ Give street and number. }

336 Durham.

Cause of Death,

{ First (Primary),
Second (Immediate.) }

Inflammation of Stomach
Bilious Intermittent Fever.

Duration of Last Sickness,

12 Days.

All the above information should be furnished by the Physician.

Place of Burial,

S. Patrick Burying Ground.

Date of Burial,

Sunday 16.

{ Undertaker,

Dager

{ Place of Business,

E. Broadway.

Geo. H. Mayson.

M. D.

Medical Attendant.

Address, 18 E. Esguith St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 20769

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, according to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER

CERTIFICATE OF DEATH



Date of Death,

Sept. 13

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Mary Anne

Sex, Male or Female,

Cross out the words not required in this line.

Age,

Years,

White

2

Months,

Days

Color,

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace, State or country (and how long in United States, if of foreign birth.)

Foundling House

Duration of Residence in the City of Baltimore,

10 days

Place of Death, Give street and number.

St Vincent's Infant Asylum

Cause of Death,

First (Primary.)

Second (Immediate.)

Convulsions

Duration of Last Sickness,

When received

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Sep 17 1877

Undertaker, Saml Bowser

Place of Business, 156 Division St

Marbury Brewer M.D.
Medical Attendant.
Address, 201 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. **20770**

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled*, the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if required so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, **Sept. 15th 1877**

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } **Albert L. Mearns**

Sex, Male ~~or Female~~, { Cross out the word not required in this line, }

Age, **1** Years, **1** Months, **1** Days.

Color, **White**

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word or words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } **Baltimore**

Duration of Residence in the City of Baltimore, **Life**

Place of Death, { Give street and number. } **634 Lexington St**

Cause of Death, { First (Primary,) Second (Immediate,) } **Heart**

Duration of Last Sickness, _____

All the above information should be furnished by the Physician

Place of Burial, **Crownmount Cemetery**

Date of Burial, **September 18th 1877**

Undertaker, **J. H. Weaver**

Place of Business, **22 N. Gay St** Address **22-1 St. Charles St**

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 20771

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, account, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, Sept 5th

Full Name of Deceased, J. S. O. Schultz

Write legibly and spell correctly. If an infant not named, give names of parents.

Sex, Male or Female, Male

Age, 10

Years, 10

Months, 10

Days, 10

Color, White

Married, Single, Widow or Widower, Single

Occupation, _____

Birthplace, State or country (and how long in United States, if of foreign birth.) Baltimore

Duration of Residence in the City of Baltimore, _____

Place of Death, Give street and number. No 22. Bartlett St.

Cause of Death, First (Primary), Meningitis

Second (Immediate), _____

Duration of Last Sickness, 26 Days

All the above information should be furnished by the Physician.

Place of Burial, Druid Hill Cemetery

Date of Burial, Sept. 16th 1877.

Undertaker, Adam Weidenmeyer

Place of Business, 518 W. Baltimore St.

Address, 106 Columbia St. J. S. Buddenbry M.D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 20772

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, account out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Sept 15. 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Maria Thompson

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 75 Years,

Months,

Days.

Color,

Black.

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Single.

Occupation,

Domestic

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Maryland.

Duration of Residence in the City of Baltimore,

Life.

Place of Death, { Give street and number. }

No. 50 S. Spring St.

Cause of Death, { First (Primary,) Second (Immediate,) }

Chronic Valvular Disease of Heart and Hypertrophy About 5 years

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, M. E. Cemetery Phil Road

Date of Burial, Sept 16th 1877

Undertaker, Hughes & Co

Place of Business, 65 S Broadway

Dr. J. D. Powell M. D. Medical Attendant.

Address 224 Carrollton Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 20773

OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurate, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Sept. 15. 1877.

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Mary Jane Miller

Sex, Male or Female,

Cross out the word not required in this line.

Female

Age,

85 1/2

Years

Months

Days

Color,

Brown Skin

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore City

Duration of Residence in the City of Baltimore,

Eight 1/2 years

Place of Death,

Give street and number.

No 13 Parisk St.

Cause of Death,

First (Primary),
Second (Immediate).

Laryngeal Stridulation
three days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Lawel Cemetery

Date of Burial,

Sept 16 1877

Undertaker,

Wm A Dungee

Place of Business,

No 62 East st

Address

Wm Cor Lumber Co

Edward M. Wise M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 20774

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *account* out, to the Undertaker or other person superintending the burial, within *twenty-four* hours after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

CERTIFICATE OF DEATH.



Date of Death, Sept 15th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Pauline Coleman

Sex, ~~Male~~ Female, { Cross out the words not required in this line. }

Age, 3 Years,

One Months,

Days

Color, Black

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) }

Baltimore City,

Duration of Residence in the City of Baltimore,

3 years & one month

Place of Death, { Give street and number. }

No 1787 Mullick St

Cause of Death, { First (Primary,) } Scrofula

{ Second (Immediate,) } Convulsions

Duration of Last Sickness,

3 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 16 1877

{ Undertaker, Wm. A. Spence }

{ Place of Business, 1062 East }

Address, Broadway & Madison St

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 20775

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accout, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said decedent, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, Sept 15th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Margaret K. Pensec.

Sex, ~~Male~~ Female, { Cross out the words not required in this line. }

Age, Years, 5 Months, 15 Days

Color, Wh

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 266 Cross St.

Cause of Death, { First (Primary,) Second (Immediate,) } Pneumonia

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Sept 17th 1877

{ Undertaker, Mr. Kahler } R. J. H. Tall M. D. Medical Attendant.

{ Place of Business, Sharp Hoop St. } Address, 1524, Sharp

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 20776

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *according to the regulations of the Board of Health*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

14th September 1877.

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Josephine Bents

Sex, ~~Male~~ or Female,

Cross out the word not required in this line.

Age,

7

Years,

Months,

Days.

Color,

white.

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore City.

Duration of Residence in the City of Baltimore,

during lifetime

Place of Death,

Give street and number.

N. Chapel Street No 63

Cause of Death,

First (Primary.)

Second (Immediate.)

Diphtheritis
Exhaustion

Duration of Last Sickness,

14 days

All the above information should be furnished by the Physician.

Place of Burial,

St. Alphonsus Cemetery

Date of Burial,

September 16th 1877

Undertaker,

H. M. Gibmeyer

Place of Business,

341 Canton St.

William H. Hunkel M. D.
Medical Attendant.

Address

S. Wolcott St. 117.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 20777

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurate, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, Sept. 15th 1877
 Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. Patrick Garrett
 Sex, Male or Female, Cross out the word not required in this line. Male
 Age, 28 Years, Months, Days.
 Color, White
 Married, Single, Widow or Widower, Cross out the words not required in this line. Married
 Occupation, Lumber
 Birthplace, State or country (and how long in the United States, if of foreign birth.) Ireland
 Duration of Residence in the City of Baltimore, 22
 Place of Death, Give street and number. No. 11 Gallagher's Court
 Cause of Death, First (Primary), Second (Immediate), Hemiplegia
 Duration of Last Sickness, Two days
All the above information should be furnished by the Physician.
 Place of Burial, St. Patrick's Cemetery
 Date of Burial, Sep 16 1877
 Undertaker, James P. Byrne
 Place of Business, No. 63. N. Front St.
 Address, J. H. H. [Signature]
 M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 20778

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, according to the regulations of the Board of Health, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, 20778 Sept 16th 77

Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents. William Hermann

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 28 Years, 8 Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Cyan maker

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Bull

Duration of Residence in the City of Baltimore, all life

Place of Death, { Give street and number. } Area of 80 N Front St

Cause of Death, { First (Primary,) Second (Immediate,) } Scurvy
Pistol shot thru head

Duration of Last Sickness, sudden death

All the above information should be furnished by the Physician.

Place of Burial, Linden Park Cemetery

Date of Burial, Sep. 17. 1877.

{ Undertaker, Chas Reising
Place of Business, 136. E. Fayette St. }

Edm Drer alder M. D.
Medical Attendant.

Address Corner Wm C. St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. *20779*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if required so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *Sept 15 1877* *Wm. Newton School*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, Years, *11* Months, *17* Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the word not required in this line. } *X*

Occupation, *X*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore*

Duration of Residence in the City of Baltimore, *Life*

Place of Death, { Give street and number. } *189 S. Paca St*

Cause of Death, { First (Primary,) *Tub Meningitis*
Second (Immediate,) *Convulsions*

Duration of Last Sickness, *Several weeks*

All the above information should be furnished by the Physician

Place of Burial, *Greenmont Cemetery*

Date of Burial, *17th Sept 1877* *Wm. M. Kemp* M. D.
Medical Attendant.

{ Undertaker, *J. B. Blackstonson*
Place of Business, *West Baltimore St* Address *55 N. Greene St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

0780

OFFICE OF REGISTRAR OF VITALS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of s
sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *Sept. 15-1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *John Cornelius*

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, *1* Years, *8* Months, *8* Days.

Color, *White* Sex,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Locust Point Md*

Duration of Residence in the City of Baltimore, *Born in Balt City*

Place of Death, { Give street and number. } *112 Cocke St. L Point*

Cause of Death, { First (Primary,) Second (Immediate.) } *Typhoid Fever*

Duration of Last Sickness, *6 Weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Cedar Hill Cemetery*

Date of Burial, *Sept 17 77*

{ Undertaker, Address Place of Business, } *Armstrong & Denny Boston & Patuxent Baltimore City Md*

M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No. 20781

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accounted out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Sept 16 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Mary Bohneberg

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

Years,

11 Months,

15 Days.

Color,

W

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Balto

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

244 Sharp

Cause of Death, { First (Primary,) Second (Immediate,) }

Inf Croup

Duration of Last Sickness,

7 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Sept. 17th 1877

D. D. M. D.

Medical Attendant.

{ Undertaker, Julius Koehler

{ Place of Business, 244 Sharp Brog St. Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 20782

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurate, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, 16th Sept. 1877
 Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William Hess
 Sex, Male or Female, { Cross out the word not required in this line. } Male
 Age, _____ Years, _____ Months, 5 Days.
 Color, White Sex, _____
 Married, Single, Widow or Widower, { Cross out the words not required in this line. } _____
 Occupation, _____
 Birthplace, { State or country (and how long in the United States, if of foreign birth. } No 5 Madavia Alley
 Duration of Residence in the City of Baltimore, All its life
 Place of Death, { Give street and number. } No 5 S. Madavia Alley
 Cause of Death, { First (Primary,) Second (Immediate,) } Don't know
 Duration of Last Sickness, said to have died in convulsions

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem. P. Evans M. D.
 Date of Burial, Sept. 17th '77 Medical Attendant.
 Undertaker, W. Francis Address 406 E. Balto. St.
 Place of Business, 280 Canton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Permit No. 20783

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, and to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *Sept 16th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *H R Lamborn*

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, *26* Years, Months, Days.

Color, *White*

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, *Clerk*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Balt city*

Duration of Residence in the City of Baltimore, *Life*

Place of Death, { Give street and number. } *572 W. Fayette St*

Cause of Death, { First (Primary), Second (Immediate), } *fell from a window accidentally,*

Duration of Last Sickness, *sudden death*

All the above information should be furnished by the Physician.

Place of Burial, *Green Mount Cemetery*

Date of Burial, *Sept 17th 1877*

Hughes & Co

{ Undertaker, Place of Business, } *350 Fayette St*

Geo C Ogle Coroner M. D. Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

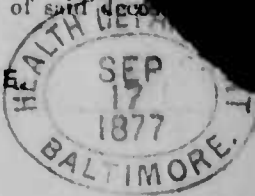
Board of Health, City of Baltimore,

Permit No. *20784*

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurate and true, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *Sep 15th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Robert Cook Graham*

Sex, *Male* ~~or Female~~ { Cross out the word not required in this line. }

Age, *49* Years, *3* Months, *18* Days.

Color, *White* Sex, *Male*

Married, ~~Single, Widow or Widower~~ { Cross out the words not required in this line. }

Occupation, *Carpenter*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *County Derry, Ireland*

Duration of Residence in the City of Baltimore, *10 years*

Place of Death, { Give street and number. } *110 Preston St*

Cause of Death, { First (Primary,) Second (Immediate,) } *Consumption*

Duration of Last Sickness, *Three years*

All the above information should be furnished by the Physician.

Place of Burial, *Baltimore Cemetery* *James A. Stenard* M. D.

Date of Burial, *Sept 17th 1877*

{ Undertaker, *C. Wiegand*

{ Place of Business, *53 Druid Hill Ave*

Address

Compt. H. Hunt
+ Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 20785

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Sept 15th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Martina Ellen Holt

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Age,

33

Years,

Months,

Days.

Color, rd

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,

{ Cross out the words not required in this line. }

Occupation,

Washwoman

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

St Mary's Co Md

Duration of Residence in the City of Baltimore,

3 years

Place of Death,

{ Give street and number. }

18 Lanes St

Cause of Death,

{ First (Primary,) Second (Immediate,) }

Peritonitis.

Duration of Last Sickness,

eight days

All the above information should be furnished by the Physician.

Place of Burial,

St Mary's Co Md

Date of Burial,

Sept 18th 1877

Undertaker,

Wm James Gray

Place of Business,

13 Mulberry St

Address

Doct. J. J. - M. D.
Balto Genl. Dispy -
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

F

E

T

Y



F

I

L

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 20786

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said person, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

CERTIFICATE OF DEATH.



Date of Death, September 15th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles E. Glue

Sex, Male or Female, { Cross out the words not required in this line. }

Age, _____ Years, _____ Months, 6 Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number. } 381 Hanover St

Cause of Death, { First (Primary,) } Premature birth

{ Second (Immediate,) } Since Birth

Duration of Last Sickness, _____

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cemetery

Date of Burial, September 16th 1877

{ Undertaker, Charles H. H. } Address, 141 Hanover St

{ Place of Business, 141 Hanover St }

Medical Attendant, Theodore C. C. M. D.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 20787

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately, the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

CERTIFICATE OF DEATH.



Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male ~~Female~~, { Cross out the word not required in this line. }

Age, 7 Years, 3 Months, 27 Days.

Color,

Married, Single, Widowed, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary), Second (Immediate), }

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial,

Date of Burial,

{ Undertaker,

{ Place of Business,

Address

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 20788,

OFFICE OF REGISTRAR OF VITALS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, and to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

September 16 - 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Emma Eckstein

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

1

Years,

1

3

Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

514 - Penna Ave

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

514 - Penna Ave

Cause of Death, { First (Primary.)
Second (Immediate.) }

Dysentery

Duration of Last Sickness,

Three Weeks

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore Cemetery

Date of Burial,

17 Sept.

Undertaker,

P. Himmert

Place of Business,

317 Mulberry St

Address

Per Carey & Bestman City

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

City of Baltimore, City of Baltimore,

OFFICE OF REGISTRAR OF VITALS

Permit No. 20789

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, and to the undertaker or other person superintending the burial, within twenty-four hours after the death of said person, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, 15th September 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Andrew Hinkelmann.

Sex, Male ~~Female~~, { Cross out the word not required in this line. }

Age, Sixty Six - Years, Months, Days.

Color, White.

Sex,

Married, ~~Single~~ ~~Widow~~ ~~or~~ ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Tailor Cutter.

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Germany.

Duration of Residence in the City of Baltimore, Thirty Six years.

Place of Death, { Give street and number. } 289, Asquith St.

Cause of Death, { First (Primary,) Rheumatism with albumenuria -
Second (Immediate,) Valvular disease of heart particularly the aortic valves.

Duration of Last Sickness, Some years, but the death was

Place of Burial, St. Alphonsus Cemetery.

Date of Burial, Sep 19 1877, Herman Bibber M. D. Medical Attendant.

{ Undertaker, Henry Hecht, Address 47. Granville St.
{ Place of Business, 306 Calvert Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 20790

OFFICE OF REGISTRAR OF VITALS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *acknowledged* out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *September 15 - 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Emma May Piper*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } *Female*

Age, *11* Years, *10* Months, *10* Days.

Color, *Ochreous*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Single*

Occupation, *None*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Balto. Md -*

Duration of Residence in the City of Baltimore, *Since birth -*

Place of Death, { Give street and number. } *85 George St -*

Cause of Death, { First (Primary,) Second (Immediate,) } *Diphtheria*
Asphyxia -

Duration of Last Sickness, *12 days -*

All the above information should be furnished by the Physician.

Place of Burial, *Green Cemetery*

Date of Burial, *Aug. 17 1877*

{ Undertaker, *Wm. H. Bish*

{ Place of Business, *97 Pratt Hill Ave.*

Address *Edmundson Avenue*
West of Carrollton Ave -

John T. King M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 20791

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurate, out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Sept 13th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Sarah Bell Young

~~Sex, Male or Female,~~

Cross out the word not required in this line.

Age,

1

Years,

1

Months,

Color,

colored

Sex,

Female

Days.

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

Bouldin Alley near Baker St
Tubercular Meningitis

Cause of Death,

First (Primary),
Second (Immediate),

do

Duration of Last Sickness,

3 Wks

All the above information should be furnished by the Physician.

Place of Burial,

Laurel Cemetery

Date of Burial,

Sept. 17 1877

Undertaker,

Wm. H. H. H. H. H.

Place of Business,

97 Annapolis Hill Ave.

Address

Chas E Sadtler M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 20792

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, according to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Sept. 15th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Ernest Johnson

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age,

Years,

17

Months,

7

Days.

Color,

Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

Lifetime

Place of Death, { Give street and number. }

441 Chesnut St.

Cause of Death, { First (Primary,) Second (Immediate,) }

Pneumonia
2 Weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 17

Undertaker, William A. Dwyer

Place of Business, 62 East St

Edward P. Mearns M.D.
Medical Attendant.

Address 137 W. E. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 20793

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, according to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Sept 15th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Jerome McCarthy

Sex, Male or Female, { Cross out the words not required in this line. }

Age, 10 Years,

Months,

Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) }

Bat city

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give street and number. }

Lex st.

Cause of Death, { First (Primary), Second (Immediate), }

accidentally fell from a Ray Car and was run over & crushed by wheels.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem

Date of Burial, Sept 18th 1877

Undertaker, John J. Scriven

Address,

Place of Business, 271 N. Eutaw

Geo. C. Ogle Coroner M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, if the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 20794

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurate, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, Sept 16th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Maryann Wagner

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 62 Years, Months, Days.

Color, White Sex,

Married, Single, Widowed or Widower, { Cross out the words not required in this line. }

Occupation, Midwife

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Prussia Germany

Duration of Residence in the City of Baltimore, 24 years

Place of Death, { Give street and number. } 174 Burgundy alley

Cause of Death, { First (Primary,) Second (Immediate,) } Paryalasis

Duration of Last Sickness, one Week

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Sept 17th 1877

C. F. Wagner M. D.
Medical Attendant.

{ Undertaker, Brehle

{ Place of Business, 181 Henrietta St Address 174 Burgundy alley

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, and to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said person, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Sept 15th 77

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

~~KE [illegible]~~ [illegible]

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 25 ? Years,

Color, white

Months,

Days.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Unknown

Occupation, Unknown

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Unknown

Duration of Residence in the City of Baltimore,

Unknown

Place of Death, { Give street and number. }

Found in mill race of Balt Pearl Hosing Co.

Cause of Death, { First (Primary,) Second (Immediate,) }

Probably accidental Drowning
by Jury Verdict

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, E Plummer

Date of Burial, Sept 15th

Edm D Rivalta M. D.
Medical Attendant.

Undertaker, Charles Steyer

Place of Business, Pratt Heister St

Address, Corona M O D

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 20796

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, and to the undertaker or other person superintending the burial, within twenty-four hours after the death of said person, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *Monday, Fifteenth day of September*
Full Name of Deceased, *Margaret Schubert*
Sex, *Male* ~~Female~~
Age, *Ten* Years, *None* Months, *None* Days.
Color, *White* Sex, *Female*
~~Married, Single, or Widowed~~
Occupation, *None*
Birthplace, *Baltimore County, State of Maryland*
Duration of Residence in the City of Baltimore, *One Week*
Place of Death, *No 246 N. Front*
Cause of Death, *Dentition*
Cholera Infantum, complication with
Duration of Last Sickness, *Two Weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Cathedral Cemetery*
Date of Burial, *Sept 17 1877*
Undertaker, *James P. Byrne*
Place of Business, *No 63 N. Front St*
Address, *107 N. Euter St*
Baltimore, Md
M. D. *J. P. Keates*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 20797

OFFICE OF REGISTRAR OF VITALS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, and out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said person, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

Date of Death,

September 16th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Jacobs Morris

Sex, Male or Female,

Cross out the word not required in this line.

Age,

49

Years,

Months,

Days,

Color,

White

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Insurance Agent

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore

Duration of Residence in the City of Baltimore,

During life

Place of Death,

Give street and number.

628 W. Fayette St

Cause of Death,

First (Primary), Second (Immediate)

Rifle shot wound of the brain supposed to have been accidental

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Green Mount

Date of Burial,

Sept 18 1877

Undertaker,

J. G. Godey for

Place of Business,

41 Howard St

W. R. McMan M. D.
Medical Attendant.

Address

582 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 20798

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

September 16 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Samuel Seylor

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 45 Years,

Months,

Days.

Color, White

Sex, male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Don't know

Occupation, Con vint

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Don't know

Duration of Residence in the City of Baltimore,

1 year

Place of Death, { Give street and number. }

Maryland Penitentiary

Cause of Death, { First (Primary,) }

Second (Immediate,)

Consumption

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Mercersburg Pa

Date of Burial, Sept 17 1877

J. B. Boyle

M. D.

Medical Attendant.

{ Undertaker, Jas M. Donnelly

Address

166 Eager St

{ Place of Business, Penn a

W. H. Lusk

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

(Transit 877)

Board of Health, City of Baltimore,

Permit No. 20799

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, according to the regulations of the Board of Health, and to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *Sept 16th 1877*

Full Name of Deceased, *Mary Kate Williams*

Sex, *Male or Female*, *Male*

Age, *Four* Years, *Four* Months, *—* Days

Color, *Black*

Married, Single, *Widow or Widower*, *Widow*

Occupation, *—*

Birthplace, *Baltimore*

Duration of Residence in the City of Baltimore, *Four* Months

Place of Death, *No 8 Pries Court*

Cause of Death, *Marasmus*

Duration of Last Sickness, *—*

All the above information should be furnished by the Physician.

Place of Burial, *Laurel Cemetery*

Date of Burial, *Sept 17 1877*

Undertaker, *S. W. Clarke*

Place of Business, *S. W. Clarke*

Address, *166 N. Euter St*

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 20800

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurate, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Sept 15 '77

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Henry Jackson

Sex, Male or Female,

Cross out the word not required in this line.

Age,

34

Years,

Months,

Days.

Color,

Colored

Sex,

Male

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Don't Know

Occupation,

Convict

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Don't Know

Duration of Residence in the City of Baltimore,

2 years

Place of Death,

Give street and number.

State Prison

Cause of Death,

First (Primary.)

Second (Immediate.)

Consumption

Duration of Last Sickness,

8 Months

All the above information should be furnished by the Physician.

Place of Burial,

C P Cemetery

Date of Burial,

Sept 19

Undertaker,

Charles Steiner

Place of Business,

Pratt & Herbert St

Address

166 Eager St

M. D.

Medical Attendant.

J B Boyle

for W B Dickerson

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

2080/

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Sept 15th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Emma Virginia Smith

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

2 Years,

7 Months,

9 Days.

Color,

white

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Balto City -

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give street and number. }

135 N Schroder St

Cause of Death,

First (Primary),
Second (Immediate),

Inflammation of Brain

Duration of Last Sickness,

Four days

All the above information should be furnished by the Physician.

Place of Burial,

Sep 17

Date of Burial,

Mont Pleasant

Undertaker,

J B Cook

Place of Business,

407 West Baltimore

Address

Mar Fayette Schuchert

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 20802

OFFICE OF REGISTRAR OF VITALS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, and to the undertaker or other person superintending the burial, within twenty-four hours after the death of said person, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, Sept 16th 1877
 Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } David J Schaeffer
 Sex, Male or Female, { Cross out the word not required in this line. } Male
 Age, 62 Years, 2 Months, 21 Days.
 Color, White Sex, Male
 Married, Single, Widowed, or Widower, { Cross out the words not required in this line. }
 Occupation, Blacksmith
 Birthplace, { State or country (and how long in the United States, if of foreign birth. } Carroll Co
 Duration of Residence in the City of Baltimore, about 5 years
 Place of Death, { Give street and number. } 348 Franklin St
 Cause of Death, { First (Primary,) Cancer (of stomach)
 { Second (Immediate,)
 Duration of Last Sickness, about 2 years
 All the above information should be furnished by the Physician.
 Place of Burial, Manchester Carroll Co
 Date of Burial, Sept 18th G. H. Adams M. D. Medical Attendant.
 { Undertaker, J. B. Cook Address 215 Druid Hill
 { Place of Business, 407 West Baltimore Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 878 [OVER.]

0803
OFFICE OF REGISTRAR OF VITALS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *Sept 16/77*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Annie Linnemann*

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *19* Years, Months, Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore, *19 years*

Place of Death, { Give street and number. } *No 222 St. Paul St.*

Cause of Death, { First (Primary,) *Chief Bed* Second (Immediate,) *Convulsion* }

Duration of Last Sickness, *Nine (9) Hours*

All the above information should be furnished by the Physician.

Place of Burial, *St. Mary's Cemetery*

Date of Burial, *18 Sept 1877*

Undertaker, *John J. Hummel*

Place of Business, *317 Mulberry*

Address *379 W. Lombard*

M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

20804

OFFICE OF REGISTRAR OF VITALS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said person, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

September 17th 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Caroline Schick

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age, Fifty three Years,

Color,

White

Months,

Days.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Germany Unknown

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

260 East Pratt St.

Cause of Death, { First (Primary.) Second (Immediate.) }

Opium poisoning (Schick) 12 hours.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Western Cemetery

Date of Burial,

Monday morning

Undertaker,

Chas. Bahman

Place of Business,

278 E Lombard

Address

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No. 20805

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, and to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *Sept 17th 1877*
 Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Charles Smith*
 Sex, Male or Female, { Cross out the words not required in this line. }
 Age, *2* Years, *One* Months, *6* Days
 Color,

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore, *2 years one month 16 days*

Place of Death, { Give street and number. }

Cause of Death, { First (Primary), Second (Immediate), }

Chronic Croup,
Croup

Duration of Last Sickness, *9 days*

All the above information should be furnished by the Physician.

Place of Burial, *Baltimore*

Date of Burial, *Sept 18, 1877*

{ Undertaker, *Chas. Russell*

{ Place of Business, *234 E. Bay St.*

Wm. L. Russell, M.D.
Medical Attendant.

Address, *Broadway &*

Madison St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

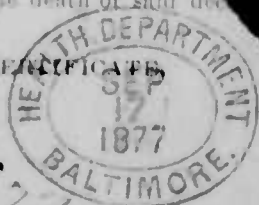
20806

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, according to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

CERTIFICATE OF DEATH.



Date of Death,

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

Years,

Months,

Days,

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death,

First (Primary,)
Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

Undertaker,

Place of Business,

Edmund P. M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, if the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 20807

OFFICE OF REGISTRAR OF VITAL S.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, and to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said person, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH

Date of Death,

Sept 15 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Martha C Barclay

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Age,

40

Years,

2

Months,

Days.

Color,

White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Meekamstown Penna.

Duration of Residence in the City of Baltimore,

22 years

Place of Death, { Give street and number. }

239 Lanale St

Cause of Death,

{ First (Primary), Second (Immediate) }

Pneumonia Pulmonalis

Duration of Last Sickness,

2 years

All the above information should be furnished by the Physician.

Place of Burial,

Landon Park Cemetery

Date of Burial,

September 18 1877

Undertaker,

Jacob Weaver

Place of Business,

Nos 47 & David Hill

Address

144 Hanover City

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

20808

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of such person, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *Sept 16th 77*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Mrs Annie Frankholz*

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *55* Years, Months, Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Married*

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Germany*

Duration of Residence in the City of Baltimore, *20 years*

Place of Death, { Give street and number. } *87 Somerset St.*

Cause of Death, { First (Primary), Second (Immediate), } *Phthisis Pulmonalis*

Duration of Last Sickness, *1 year*

All the above information should be furnished by the Physician.

Place of Burial, *St. Alphonsus Ch.*

Date of Burial, *September 18 1877*

{ Undertaker, Henry Brock } Address *166 E. Eager St.*

{ Place of Business, 509 Central Ave }

Geo. Burke Boyle M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained; the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

City of Baltimore,

Permit No. 20809

OFFICE OF REGISTRAR OF VITALS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said person, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 16th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Rachael Dorsey

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 65 Years, Months, Days.

Color, White Sex,

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Unmarried~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore County

Duration of Residence in the City of Baltimore, Three years

Place of Death, { Give street and number. } 71 Danforth St

Cause of Death, { First (Primary,) Cholera Morbus
Second (Immediate,) Asthenia

Duration of Last Sickness, eight days

All the above information should be furnished by the Physician.

Place of Burial, Canal Court

Date of Burial, Sept 18 — 1877

{ Undertaker, J. B. Blackstone & Son Address Patterson Avenue 95
{ Place of Business, 606 Bath St

L. S. Spanow M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 879

[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 20810

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said person, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *16 September 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Heinrich Volk*

Sex, Male or Female, { Cross out the words not required in this line. } *male*

Age, *57* Years, *1* Months, *8* Days

Color, *white*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *married*

Occupation, *Painter*

Birthplace, { State or country (and how long in United States, if of foreign birth.) } *Halle - Germany*

Duration of Residence in the City of Baltimore, *26 years*

Place of Death, { Give street and number. } *E. Lombard Street No 16.*

Cause of Death, { First (Primary,) Second (Immediate,) } *Cancer of Stomach*
Exhaustion

Duration of Last Sickness, *4 months*

All the above information should be furnished by the Physician.

Place of Burial, *St. Vincent*

Date of Burial, *18 Sept 1877*

{ Undertaker, Place of Business, } *Ch. Roseng.*

136 E. Fayette

Address, *224 W Fayette Street*

S. Peckhard M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 20811

OFFICE OF REGISTRAR OF VITALS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of en, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 18th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William Ireland

Sex, Male or Female, { Cross out the word not required in this line. }

Age, about 7 Years, Months, Days.

Color, white Sex,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balt^e

Duration of Residence in the City of Baltimore, 7 years

Place of Death, { Give street and number. } 191 Dolphin St

Cause of Death, { First (Primary), Diphtheria
Second (Immediate.) Diphtheritic Croup

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Balt^e Cemetery R Winslow M. D.

Date of Burial, Sept 18th 1877 Medical Attendant.

{ Undertaker, Jacob Weaver Address 231 W Biddle St

{ Place of Business, No 416 Druid Hill Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 20812

OFFICE OF REGISTRAR OF VITALS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said person, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the words not required in this line. }

Age, Years, Months, Days

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary.) Second (Immediate.) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Stephen's Cemetery

Date of Burial, Sunday evening

Undertaker, Phil Beckman

Place of Business, 275 E. Lombard St.

Address,

275 E. Broadway

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

20813
The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said person, if requested so to do, under penalty of law.
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OFFICE OF REGISTRAR OF VITAL

CERTIFICATE OF DEATH.

1877
BALTIMORE

Date of Death,

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Sex, Male or Female,

Cross out the word not required in this line.

Age,

Years,

Color,

Months,

Days.

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

Undertaker,

Place of Business,

Address

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 20814

OFFICE OF REGISTRAR OF VITALS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, and out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said person, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Sept 17th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Annie Eliza Duval

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, Twenty Years, Three Months, Twenty one Days.

Color, White Sex, Female

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

None

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Howard Co Md

Duration of Residence in the City of Baltimore,

From year

Place of Death, { Give street and number. }

84 S Carey St

Cause of Death, { First (Primary), Second (Immediate), }

Typhoid fever

Duration of Last Sickness,

Seventeen days

All the above information should be furnished by the Physician.

Place of Burial,

Mount Olivet Cemetery

Date of Burial,

Sept 20

Elias C Price M. D.
Medical Attendant.

{ Undertaker,

J B Cook

{ Place of Business,

707 West Baltimore

Address

262 Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 20815

OFFICE OF REGISTRAR OF VITALS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, and out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said person, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 17th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William Kahl

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 3 Years,

Color, white

Months, 14 Days.

Sex, male

~~Married~~, Single, Widowed or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Baltimore Md

Duration of Residence in the City of Baltimore,

Lifetime

Place of Death, { Give street and number. }

N^o 18 Bevan Street

Cause of Death, { First (Primary,) Second (Immediate,) }

Pulmonary Phthisis
Consumption
6 months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Sept 18th

Henry Sager M. D.
Medical Attendant.

{ Undertaker, Henry Priole

{ Place of Business, Acornetta St 81

Address

65 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, and to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said person, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE
CERTIFICATE OF DEATH.

Date of Death, *Sept. 17th 1877*
Full Name of Deceased, *J. H. Groves*
Sex, Male or ~~Female~~, *Male*
Age, _____ Years, *11* Months, _____ Days.
Color, *white*
Married, Single, Widow or Widower, _____
Occupation, _____
Birthplace, *Balt. Md.*
Duration of Residence in the City of Baltimore, *Since birth*
Place of Death, *14 S. Ash. St.*
Cause of Death, *Measles,*
Coxsack fever,
Duration of Last Sickness, *Since birth*
All the above information should be furnished by the Physician.
Place of Burial, *Baltimore County*
Date of Burial, *Sept. 19th 1877*
Undertaker, *Hughes & Co*
Place of Business, *65 S Broadway*
G. Glenville, Rusk M. D.
Medical Attendant.
Address *Balt. & Ash. Sts.*

Extract from Regulations of the Board of Health to secure a full and correct record of
Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 20817

OFFICE OF REGISTRAR OF VITALS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, and out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said person, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

September 18th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Mollie Margaret Getzen

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

~~Male~~ Female

Age, 6 Years, 1 Months, --- Days.

Color, White

~~Married Single Widowed or Widower~~, { Cross out the words not required in this line. }

~~Married~~

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore City

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give street and number. }

No 365. Orleans St

Cause of Death, { First (Primary.) Second (Immediate.) }

Scarlet Fever

Duration of Last Sickness,

Seven days

All the above information should be furnished by the Physician

Place of Burial,

Baltimore Cemetery

Date of Burial,

16th of August

{ Undertaker,

Jacob Bucher

{ Place of Business,

Center Ave

Thomas J. Evans. M. D.
Medical Attendant

Address No 22 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No. 20818

OFFICE OF REGISTRAR OF VITALS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said person, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

SEP 18 1877
BALTIMORE

Date of Death, *Sept. 17th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *May Richards*

Sex, ~~Male~~ Female, { Cross out the words not required in this line. }

Age, *Sixty nine* Years, Months, Days

Color, *White*

~~Married, Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, *none*

Birthplace, { State or country (and how long in United States, if of foreign birth.) } *Baltimore County*

Duration of Residence in the City of Baltimore, *Forty years*

Place of Death, { Give street and number. } *cto 353 North Bond Street*

Cause of Death, { First (Primary,) *chronic pneumonia and bed sores*
Second (Immediate,) *Exhaustion* }

Duration of Last Sickness, *About one week*
All the above information should be furnished by the Physician.

Place of Burial, *Presbyterian burial ground Greenlawn*

Date of Burial, *Sept. 18th 1877*

{ Undertaker, *Wm. H. Hickman*
Place of Business, *234 N. Gay St.* }

W. H. Taylor M. D.
Medical Attendant.

Address, *Broadway & McEldred St.*

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No. 20819

OFFICE OF REGISTRAR OF VITALS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, September 17th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Gertrude Peas

Sex, Male or Female, { Cross out the word not required in this line. }

Age, one Years, four Months, twenty nine Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore

Duration of Residence in the City of Baltimore, During Life

Place of Death, { Give street and number. } 24 E. Eager

Cause of Death, { First (Primary,) { Second (Immediate,) } Diphtheria, Cerebral Congestion

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Sept 19th 1877 Thomas Shearn M. D. Medical Attendant.

{ Undertaker, Henry A. Mears

{ Place of Business, 115 N. Gay St Address 97 E. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 20820

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, and out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said person, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, .

Sept 18th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents }

Thos. Beatty.

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age, -

Years,

Eleven (11) Months,

Color,

White

Sex,

Days.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

City of Balto

Duration of Residence in the City of Baltimore,

Since Birth

Place of Death, { Give street and number. }

No 96 St Peter St

Cause of Death, { First (Primary,) Second (Immediate,) }

Croup (Membranous)

Duration of Last Sickness,

Four (4) Days

All the above information should be furnished by the Physician.

Place of Burial,

Weston Cemetery

Date of Burial,

17 Sept. 1877

Jno D. Blake

M. D.

{ Undertaker,

H. V. Groll

Medical Attendant.

{ Place of Business,

131 Hanover St.

Address 140 Scott St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

2082/

OFFICE OF REGISTRAR OF VITALS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said person, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Sept 17th 1877

Full Name of Deceased,

Kato Schramm

Sex, Male or Female,

Female

Age,

29

Years

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

Married

Occupation,

Housewife

Birthplace,

German

Duration of Residence in the City of Baltimore,

Eight years

Place of Death,

No 428 Canton Av.

Cause of Death,

Typhoid fever

Duration of Last Sickness,

one week

All the above information should be furnished by the Physician

Place of Burial,

St. Stephen's Cemetery

Date of Burial,

September 19

Undertaker,

W. Dippel

Place of Business,

S. Bond st. 151

Address

12 S. Eden St

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

0822
OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of *such* sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *Sept 17 - 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Nicholas Schering*

Sex, *Male* ~~or Female~~, { Cross out the word not required in this line. }

Age, *79* Years,

Months,

Days.

Color, *White*

Married, ~~Single~~, ~~Widow~~ ~~or Widower~~, { Cross out the words not required in this line. }

Occupation, *Tailor*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Germany (36 yrs in America)*

Duration of Residence in the City of Baltimore, *36 yrs in Balt*

Place of Death, { Give street and number. } *St Joseph's Hospital*

Cause of Death, { First (Primary,) Second (Immediate,) } *Old age Peritonitis*

Duration of Last Sickness, *2 weeks*

All the above information should be furnished by the Physician.

Place of Burial, *St. Alphonsus*

Date of Burial, *Sept 18 1877*

Undertaker, *H. Schultze*

Place of Business, *Monument St* Address

Scarf M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No. 20823,

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accompanying* out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *Sept 17th 1877*
 Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. *Anna Maria Lewis*
 Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }
 Age, *2* Years, *6* Months, Days.
 Color, *eA*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary), Second (Immediate), }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

Undertaker,

Place of Business,

Address

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Permit No. 20824

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, need not, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 17th 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Wesley Syme

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 6

Years,

6

Months,

Days.

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } 214 Riving St.

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 214 Riving St.

Cause of Death, { First (Primary,) Second (Immediate,) } 5/8 hours

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 18th 1877

Undertaker, W. H. Dungee

Place of Business, East St.

Address

Cor. Fayette & Bea Sts.

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 20825

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said person, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

Date of Death, Sept. 17. 1897

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. Louis Feige

Sex, Male ~~or Female~~, Cross out the word not required in this line.

Age, 35 Years, Months, Days.

Color, White Sex,

~~Married~~, Single, ~~Widow~~, ~~Widower~~, Cross out the words not required in this line.

Occupation, Brewer

Birthplace, State or country (and how long in the United States, if of foreign birth.) Germany (34 yrs in America)

Duration of Residence in the City of Baltimore, 34 yrs

Place of Death, Give street and number. St. Joseph's Hospital

Cause of Death, (First (Primary), Second (Immediate),) Heart Disease
Syncope

Duration of Last Sickness, About 10 hrs.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Sept 19th

Undertaker, Geo. Schilling

Place of Business, Ashland Square

George C. Roy M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

0826

OFFICE OF REGISTRAR OF VITALS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *Sept. 16th 77*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Francis Edward Nolan*

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *9* Years, *1* Months, *1* Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Maryland*

Duration of Residence in the City of Baltimore, *Lifetime*

Place of Death, { Give street and number. } *S. W. Cor Hoffman & Central Ave.*

Cause of Death, { First (Primary,) Second (Immediate,) } *Dentition*

Duration of Last Sickness, *6 weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Mt Marys. Gorman*

Date of Burial, *Sept 18th*

{ Undertaker, *H. C. Wiedefeld* Address *166 E. Eager St.*

{ Place of Business, *90 Greenmount Av*

Dr. Brock Byale M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No. 20827

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, and out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the words not required in this line. }

Age, 54 Years,

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 17, 1877

Undertaker, J. W. Chase

Place of Business, 212 Howard St

Sept. 14th 1877
Mary Jane Campbell
Female

Months, — Days

Colored

Married

Washerwoman

Talbot Co Md

50 years

233 Hughes St

Heart disease
Stroke

R. C. Lee M.D.

M. W. C.

Medical Attendant

Address, Hanover Barracks

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 20828

OFFICE OF REGISTRAR OF VITALS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *and* out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Sept. 15th 1877.

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

John A. Thomas

Sex, Male or Female,

Cross out the word not required in this line.

Age,

Years,

10 Months,

Days.

Color,

Mulatto

Sex,

Male

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore Md.

Duration of Residence in the City of Baltimore,

10 Months

Place of Death,

Give street and number.

260 Vincent Alley

Cause of Death,

First (Primary),

Second (Immediate),

Diarrhea

Verofula

Duration of Last Sickness,

About 2 Months

All the above information should be furnished by the Physician.

Place of Burial,

Green Cemetery

Date of Burial,

Sept 17 1877

J. M. White

M. D.

Medical Attendant.

Undertaker,

H. W. Chase

Place of Business,

2617 Howard St

Address

of H. Gilman St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

20829

OFFICE OF REGISTRAR OF VITALS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, and to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said person, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *September 16th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Mary Francis Singer*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *2* Years, *6* Months, *5* Days.

Color, *Black*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, *—*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore*

Duration of Residence in the City of Baltimore, *Life*

Place of Death, { Give street and number. } *No. 222 Vine St.*

Cause of Death, { First (Primary,) Second (Immediate,) } *Scrofulosis - (Marasmus) Tubercular Meningitis - (Convulsions)*

Duration of Last Sickness, *(Primary) Life - (Secondary) 2 weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Laurel Cemetery*

Date of Burial, *Sept 19. 77*

Undertaker, *S. W. Brown*

Place of Business, *185 Howard St.*

Address, *No. 427 W. Fayette*

Robert W. Miff M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 20830

OFFICE OF REGISTRAR OF VITALS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, and, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said person, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Sept. 17 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Mary Ann Hogan

Sex, ~~Male~~ Female,

Cross out the words not required in this line.

Age,

Years,

8

Months,

10

Days

Color,

White

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace, {state or country (and how long in United States, if of foreign birth.)

Baltimore City

Duration of Residence in the City of Baltimore,

Life

Place of Death, {Give street and number.

11 Duncan Alley

Cause of Death,

First (Primary),

Second (Immediate),

Leeturing
Convulsions

Duration of Last Sickness,

9 days

All the above information should be furnished by the Physician.

Place of Burial,

Dallas Street

Date of Burial,

Sept 19 1877

Undertaker

John W. Lock

Place of Business,

Wolf St

Address,

Commis of Health
Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information Wesley Hogan
Father

No. 20831

OFFICE OF REGISTRAR OF VITALS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said person, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

CERTIFICATE OF DEATH.



Date of Death, *September 8th 1874-*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Michael John Foley*

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, *5* Years, *7* Months, *18* Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore*

Duration of Residence in the City of Baltimore, *Since Birth*

Place of Death, { Give street and number. } *533. McAdams St*

Cause of Death, { First (Primary,) *Diphtheria*
Second (Immediate,) *About five days* }

Duration of Last Sickness, _____

All the above information should be furnished by the Physician.

Place of Burial, *St Peter's Cemetery*

Date of Burial, *Sep 19 1874*

{ Undertaker, *J B Cook*
Place of Business, *No 707 N. Baltimore Street* }

Address *582 N. Thayer*

W. B. McEwen M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

City of Baltimore
OFFICE OF REGISTRAR OF VITALS
Permit No. 20832

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

CERTIFICATE OF DEATH.



Date of Death, *Sept 18 1877*
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Elizabeth R. Trindle*
Sex, ~~Male~~ Female, { Cross out the words not required in this line. }
Age, *15* Years, *10* Months, _____ Days
Color, *white*
~~Married~~ Single, ~~Widow~~ { Cross out the words not required in this line. }
Occupation, _____
Birthplace, { State or country (and how long in United States, if of foreign birth.) } *Baltimore City*
Duration of Residence in the City of Baltimore, *Life*
Place of Death, { Give street and number. } *13 Boyle St*
Cause of Death, { First (Primary,) *Inflammation of ovary*
Second (Immediate,) *Peritonitis* }
Duration of Last Sickness, *3 years*
All the above information should be furnished by the Physician.
Place of Burial, *Mount Olivet*
Date of Burial, *Sept 19 1877* *James A. Stewart* M. D.
{ Undertaker, *C. F. Krause* Address, *Commissioner of Health*
{ Place of Business, *Harover St* *Registrar*

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death except in cases of births and deaths of illegitimate children.

Information by C. F. Krause Undertaker

Permit No. 20833

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, and to the undertaker or other person superintending the burial, within twenty-four hours after the death of said person, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Sept 19th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

John Franklin Schultz

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

7 Years,

1 Months,

8 Days.

Color,

White

Sex,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Penna - Glen Rock

Duration of Residence in the City of Baltimore,

7 years

Place of Death, { Give street and number. }

187 Dolphin St

Cause of Death, { First (Primary,) Second (Immediate,) }

Diphtheria

Duration of Last Sickness,

2 1/2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Manchester burial Co. Winslow

Date of Burial, Sept 20 1877

M. D.

Medical Attendant.

Undertaker, Andrew Galt

Place of Business, 1182 Rudolph Ave

Address

23 McCulloch St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 880

[OVER.]

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said person, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years,

Color,

2 Months,

3 Days.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Stephens Church

Date of Burial, Sept 19 1877

Undertaker, Philipp Seewald

Place of Business, 35 S. Eutaw St

Address

J. H. Hume

M. D.

Medical Attendant.

76 S. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

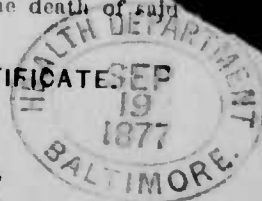
[OVER.]

Permit No. 20835

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said person, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE



CERTIFICATE OF DEATH.

Date of Death, *September 17th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Lydia Jefferis*

Sex, *Male* or *Female*, { Cross out the word not required in this line. } *Female*

Age, *90* Years, *—* Months, *20* Days.

Color, *White* Sex, *Female*

Married, *Single*, *Widow* or *Widower*, { Cross out the words not required in this line. } *Widow*

Occupation, *—*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Lancaster Penna*

Duration of Residence in the City of Baltimore, *70 years*

Place of Death, { Give street and number. } *307 W Lombard St*

Cause of Death, { First (Primary,) Second (Immediate,) } *Chronic Bronchitis & Diarrhoea*

Duration of Last Sickness, *Several months (six or more)*

All the above information should be furnished by the Physician.

Place of Burial, *Friends Ground, Harford Road,* *E Gover. Cox* M. D. Medical Attendant.

Date of Burial, *Balt. Sept 18th 1877*

{ Undertaker, *J Godley & Son* Address *289 W Fayette St*

{ Place of Business, *No 41 Banner*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Permit No. 20836

OFFICE OF REGISTRAR OF VITALS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said person, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Sept 18th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Mally & John Deitz

Sex, ~~Male~~ Female,

Cross out the words not required in this line.

(Parents)

Age,

Years,

Months,

2 hours Days

Color,

white

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in United States, if of foreign birth.)

Baltimore City

Duration of Residence in the City of Baltimore,

Life

Place of Death,

Give street and number.

Portugal alley

Cause of Death,

First (Primary),

Premature Birth

(7 mos)

Second (Immediate),

convulsions

Duration of Last Sickness,

2 hours

All the above information should be furnished by the Physician.

Place of Burial,

St. Michael's

Date of Burial,

Sept 19 1877

J. J. Steney M.D.

Undertaker,

M. France

Address,

Commiss of Health

Place of Business,

Carnton Ave

J. Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by John Deitz - Father Mary Simms. Midwife

Permit No. 20837

OFFICE OF REGISTRAR OF VITAL S.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, and out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said person, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Sept 18th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Annie Gordon

Sex, ~~Male~~ or Female,

Cross out the word not required in this line.

Age,

18 Years,

Months,

Days.

Color,

White.

Married, Single, ~~Widow~~ or ~~Widower~~,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Cumberland Md

Duration of Residence in the City of Baltimore,

3 years

Place of Death,

Give street and number.

House of the Good Shepherd

Cause of Death,

First (Primary),
Second (Immediate),

Pulmonary Consumption

Duration of Last Sickness,

Six months

All the above information should be furnished by the Physician.

Place of Burial,

St. Peter Cemetery

Date of Burial,

20th Sept

Undertaker,

J. B. Cook

Place of Business,

Balto St
near Schwab

Address

279. W. Lombard

Edw. J. Nicholson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

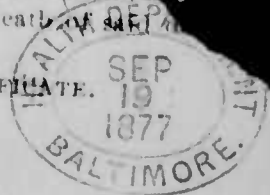
Permit No. 20838

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Sept 19th 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Emma V. Burton

Sex, ~~Male~~ or Female, { Cross out the words not required in this line. }

Age, 25

Years,

9

Months,

23

Days

Color,

W.

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) }

City

Duration of Residence in the City of Baltimore,

During life

Place of Death, { Give street and number. }

189

E. Monument St

Cause of Death, { First (Primary.) }

Valvular disease of Heart.

{ Second (Immediate.) }

Duration of Last Sickness,

4 wks.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Sept 20th

Undertaker, Geo. Schilling

Place of Business, corner with Monument St

A. T. Remonds

M. D.

Medical Attendant.

Address,

186 Asquith St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, or as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

20 839

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said person, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, September 19th 8 A.M. 1897

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } James Williams

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 21 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Jones

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number. } 110 S. Bond Street

Cause of Death, { First (Primary,) Pulmonary Consumption
Second (Immediate,) }

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Sep. 21, 1897

{ Undertaker, M. A. Davis

{ Place of Business, 74 S. Broadway

James E. D. D. M. D.
Medical Attendant.

Address 399 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

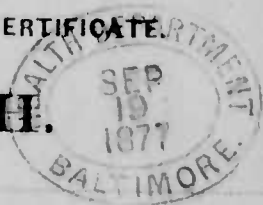
OFFICE OF REGISTRAR OF VITAL

Permit No. 208240

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said person, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, September 18th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } J. S. [unclear]

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 44 Years, Months, Days.

Color, White Sex, [unclear]

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Railroad Conductor

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore, Md.

Duration of Residence in the City of Baltimore, 21 yrs.

Place of Death, { Give street and number. } 40-555, S. [unclear] St.

Cause of Death, { First (Primary,) Shock from being run over by train. Second (Immediate,) Internal injuries.

Duration of Last Sickness, 7 days.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, Sep 20th 1877

J. S. [unclear] M. D.
Medical Attendant.

{ Undertaker, J. B. Cook Address 235. [unclear] St.

{ Place of Business, 10707 W. Baltimore Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

Permit No. 20841

OFFICE OF REGISTRAR OF VITALS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said person, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Sept 18th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Elizabeth Kienler

Sex, ~~Male~~ or Female,

Cross out the word not required in this line.

Age,

55

Years,

Months,

Days.

Color,

White

Sex,

Married, Single, Widow or Widower, Cross out the words not required in this line.

Married

Occupation,

Housewife

Birthplace, State or country (and how long in the United States, if of foreign birth.)

Balt Co

Duration of Residence in the City of Baltimore,

36 yrs

Place of Death, Give street and number.

City Monument & Castle Sts
Valvular Disease of Heart

Cause of Death,

First (Primary),
Second (Immediate),

Duration of Last Sickness,

Three months

All the above information should be furnished by the Physician.

Place of Burial,

Batte County

Date of Burial,

Sept 18th 1877

Undertaker,

Wm H. Buckman

Place of Business,

No 234 1/2 D

Address

248 Madison Ave

Wm S. Latimer

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 20842

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said person, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. Sep 18th 79

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

67 Years,

4 Months,

Days.

Color,

White

Sex,

Married, Single, Widowed, or Widower, { Cross out the words not required in this line. }

Occupation,

Shoemaker

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Germany

Duration of Residence in the City of Baltimore,

20 yrs

Place of Death, { Give street and number. }

43 Dallas St NW

Cause of Death, { First (Primary,) Second (Immediate,) }

phthisis

Duration of Last Sickness,

12 months

All the above information should be furnished by the Physician.

Place of Burial, St Paul Cemetery

Date of Burial, 20th Sep 1879.

E Hall Ruth M. D. Medical Attendant.

Undertaker, Henry Schulthess

Place of Business, 241 E Monument St

Address 157 Asquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 20843

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately, the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if required to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, Sept: 19th 1877
 Full Name of Deceased, James Harvey S.
 Sex, Male ~~Female~~ { Cross out the word not required in this line. }
 Age, 79 Years, 10 Months, — Days.
 Color, White

~~Married~~, ~~Single~~, ~~Widow~~, ~~or~~ Widower, { Cross out the words not required in this line. }
 Occupation, Merchant
 Birthplace, Balto- { State or country (and how long in the United States, if of foreign birth. }
 Duration of Residence in the City of Baltimore, during his life
 Place of Death, 116 N. Calvert St. { Give street and number. }
 Cause of Death, Stricture of Esophagus { First (Primary.) }
Incontinence { Second (Immediate.) }
 Duration of Last Sickness, 2 or 3 mos.

All the above information should be furnished by the Physician

Place of Burial, Green Mount
 Date of Burial, Sept 21/77
 Undertaker, J. Goddard
 Place of Business, 117 N. Main St.
 Address 121 N. Main St.
 J. W. Hiltnerberg M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

844 OFFICE OF REGISTRAR OF VITALS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said person, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Sept 18. 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Chris. Gronedson

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years,

2.2

Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Matron

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

22 Months

Place of Death, { Give street and number. }

75 Simon St

Cause of Death, { First (Primary,) Second (Immediate,) }

Apoplexy

Duration of Last Sickness,

Three days

All the above information should be furnished by the Physician.

Place of Burial, Fauden Park

Date of Burial,

Sept 20

J. L. Quinn

M. D.

Medical Attendant.

Undertaker, J. Blackiston

Place of Business,

106 Park St

Address

3790 Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 20845

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, and to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Sept. 19 - 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

John Pickles

Sex, Male or Female,

Cross out the words not required in this line.

Age,

3

Years,

Months,

13

Days

Color,

White

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in United States, if of foreign birth.)

421. Hanover St

Duration of Residence in the City of Baltimore,

Since Birth

Place of Death,

Give street and number.

421. Hanover

Cause of Death,

First (Primary.)

Scrophula

Second (Immediate.)

Hydrocephalus

Duration of Last Sickness,

10 Days

All the above information should be furnished by the Physician.

Place of Burial,

Mount Olivet Church

Date of Burial,

Sept. 20, 1877

Undertaker,

Charles R. Berdel

Place of Business,

161 Hanover St

Therodone Cook M.D.

Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

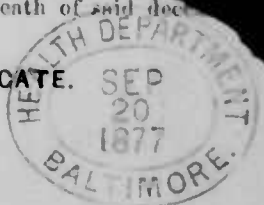
City of Baltimore,

Permit No. 20846

OFFICE OF REGISTRAR OF VITALS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *acc*
out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said dec
sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Sex, ~~Male~~ or Female,

Cross out the word not required in this line.

Age,

40

Years,

5

Months,

Days.

Color,

White

Sex,

Female

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,

Cross out the words not required in this line.

Occupation,

Immigrant

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore

M.D.

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

192 Scott St.

Cause of Death,

First (Primary),

Second (Immediate.)

Cancer

Duration of Last Sickness,

About a year

All the above information should be furnished by the Physician.

Place of Burial,

St. Peter's Cemetery

Date of Burial,

Sept 20th 1877

Undertaker,

J. Lane & Sons

Place of Business,

578 W. Balto St

Address

507 W. Fayette St.

R. K. Lucas, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Permit No. 20847

OFFICE OF REGISTRAR OF VITALS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately, the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 1 Years, 2 Months, 19 Days.

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Mount Olivet

Date of Burial, Sept 20 A

{ Undertaker, Min. M. Leonard & Son

{ Place of Business, 782 W. Baltimore

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Permit No. 20848

OFFICE OF REGISTRAR OF VITAL S

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said person, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, Sept 19 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Albert Byer

Sex, Male or Female, { Cross out the words not required in this line. }

Age, Years, 4 Months, 18 Days

Color, White

Married, Single, Widowed or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) }

Balto Md

Duration of Residence in the City of Baltimore,

Lifetime

Place of Death, { Give street and number. }

71 Gough St

Cause of Death, { First (Primary,) Second (Immediate,) }

Spasms

Duration of Last Sickness,

12 hours

All the above information should be furnished by the Physician.

Place of Burial, S^t Peters Cemetery

Date of Burial, Sept 20 1877

Undertaker, Wendel Dippel

Place of Business, 157 S. Bond

Address, Commis of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Wendel Dippel 157 S. Bond

Permit No. 20849

OFFICE OF REGISTRAR OF VITALS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, and to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said person, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, September 19th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Chas. Heald

~~Male or Female~~ { Cross out the word not required in this line. } Male

Age, Twenty Four Years, _____ Months, _____ Days.

Color, White

~~Married, Single, Widow or Widower~~, { Cross out the words not required in this line. } Single

Occupation, Truckster

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Georgetown D.C.

Duration of Residence in the City of Baltimore, Fifteen Years

Place of Death, { Give street and number. } No 26 Orleans St

Cause of Death, { First (Primary,) _____
Second (Immediate,) Organic val disease of Heart

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Sept 21st 1877

{ Undertaker, James P. Byrne
Place of Business, No 63 N. Front St

Address 439 E. Chase St

Appointed _____ M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, It shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 20857

OFFICE OF REGISTRAR OF VITALS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, and out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *Sept. 18th 1877.*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Annice Bell*

Sex, Male or Female, { Cross out the word not required in this line. } *Female*

Age, *11* Years, *11* Months, Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore City*

Duration of Residence in the City of Baltimore, *Life time*

Place of Death, { Give street and number. } *No. 119, D. Castle*

Cause of Death, { First (Primary,) Second (Immediate,) } *Parasminx*

Duration of Last Sickness, *Two weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Mt. Carmell Cemetery*

Date of Burial, *September 20th 1877*

{ Undertaker, *H. M. Giboneyer*

{ Place of Business, *341 Canton St.*

W. J. Gately M. D.
Medical Assendant.
Address *244, Pearl St.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

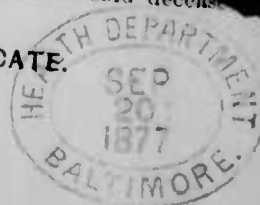
Permit No. 20857

OFFICE OF REGISTRAR OF VITALS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, according to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Sept 20th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Mary Deming

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age,

6 Years,

Color,

white

Months,

Sex,

Female

Days.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

144 Vine St Baltimore City

Duration of Residence in the City of Baltimore,

Life time

Place of Death, { Give street and number. }

144 Vine St Baltimore City

Cause of Death, { First (Primary), Second (Immediate), }

Scarlet Fever

Dropsy

Duration of Last Sickness,

4 weeks

All the above information should be furnished by the Physician.

Place of Burial,

Weston Cemetery

Date of Burial,

21st of Sept

Undertaker,

P. Hammond

Place of Business,

311 Mulberry

Address

432 W. Fayette St

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No. 20852

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *and* out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, 19 September

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Georg Becker

Sex, Male or Female, { Cross out the words not required in this line. } male

Age, 25 Years, _____ Months, _____ Days

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. } married

Occupation, baker

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Germany.

Duration of Residence in the City of Baltimore, 5 years

Place of Death, { Give street and number. } N Oregon St 68

Cause of Death, { First (Primary,) Infarction of bowels
Second (Immediate,) Weakness of heart

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 20th of Sept.

{ Undertaker, P. K. Kimmert

{ Place of Business, 311 Mulberry St

A. F. Reinhard M. D.
Medical Attendant.

Address, _____

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 20853,

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurate, out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *Wednesday Sept 19th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Mary Bernadette A. Mary*

Sex, ~~Male~~ or Female, { Cross out the words not required in this line. } *Female*

Age, *61* Years, *11* Months, Days

Color, *White*

Married, ~~Singles~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } *Widow*

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) } *Tredwell Co Md*

Duration of Residence in the City of Baltimore, *7 years*

Place of Death, { Give street and number. } *193 Hudson St City*

Cause of Death, { First (Primary,) *Umbilical Hernia* }
 { Second (Immediate,) *Stricture + Peritonitis Gangrene* }

Duration of Last Sickness, *24 hours*

All the above information should be furnished by the Physician.

Place of Burial, *48 St. Michaels*

Date of Burial, *Sept 20 4 p.m.*

{ Undertaker, *Philly Undertaker* }
 { Place of Business, *152 E. Baltimore* }

Address, *38 O'Donnell St*

J. E. Richard M. D.
 Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

20854

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, and to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said person, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, September 19th 77

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Harman Morisset

Sex, ~~Male~~ or ~~Female~~, { Cross out the word not required in this line. }

Age, 6 Years, 9 Months, Days.

Color, Wh.

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore

Duration of Residence in the City of Baltimore, 4 1/2 yrs.

Place of Death, { Give street and number. } 377 Calver St.

Cause of Death, { First (Primary), Second (Immediate). } Dysentery

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Alexanders Cemetery

Date of Burial, September 20th

{ Undertaker, J. H. H. H. H. Address 245 E. Baltimore

{ Place of Business, 386 Calver St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

8557
OFFICE REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, and out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said person, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Sept; 21st

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents }

Nellie Rodgers

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

105 S Exeter St

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

105 S Exeter St

Cause of Death, { First (Primary,) Second (Immediate,) }

Premature Delivery

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Sept 20th 1877

Undertaker, J. S. Scribner

Place of Business, 271 N. E. St

Address 11 S. High St

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

0856

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, and to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *Sept 19 1877*

Full Name of Deceased, *Write legibly and spell correctly. If an infant not named, give names of parents.* *Miss C. O'Brien*

Sex, *Male or Female*, *Cross out the word not required in this line.*

Age, *71* Years, _____ Months, _____ Days.

Color, _____

Married, *Single, Widow or Widower*, *Cross out the words not required in this line.*

Occupation, _____

Birthplace, *State or country (and how long in the United States, if of foreign birth.)* *Germany 1816*

Duration of Residence in the City of Baltimore, _____

Place of Death, *Give street and number.* *492, Prima Ave*

Cause of Death, *First (Primary.)* *Will Age*
Second (Immediate.)

Duration of Last Sickness, _____

All the above information should be furnished by the Physician.

Place of Burial, *London Park Cemetery*

Date of Burial, *Sept 20 1877*

Undertaker, *Andrew G. W.* Address, _____

Place of Business, *118 Druid Hill Ave*

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 20857

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Sept 19th 1877

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents.

Mary Ann Doyle.

Sex, ~~Male~~ Female,

{ Cross out the words not required in this line.

Age,

4 Years,

4 Months,

Days

Color,

Wh -

Married, Single, Widow or Widower,

{ Cross out the words not required in this line.

Occupation,

Birthplace,

{ State or country (and how long in United States, if of foreign birth.)

Balto. City

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give street and number.

382 S. Charles St.

Cause of Death,

{ First (Primary,

{ Second (Immediate,

Diphtheria

Duration of Last Sickness,

5 days

All the above information should be furnished by the Physician.

Place of Burial,

St. Peter's Cemetery

Date of Burial,

Sept 21st 1877

{ Undertaker,

Henry W. Mears

{ Place of Business,

45 N. Gay St

R. J. N. Tall.

M. D.

Medical Attendant.

Address,

15-2 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 20858

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, and to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *September 19th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Barbara Eben*

Sex, Male or Female, { Cross out the words not required in this line. } *Female*

Age, *29* Years, *9* Months, _____ Days

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Married*

Occupation, _____

Birthplace, { State or country (and how long in United States, if of foreign birth.) } *Germany*

Duration of Residence in the City of Baltimore, *23 years*

Place of Death, { Give street and number. } *124 Souverest Street*

Cause of Death, { First (Primary), Second (Immediate), } *Pneumonia Peritonitis*

Duration of Last Sickness, *Two (2) days.*

All the above information should be furnished by the Physician.

Place of Burial, _____

Date of Burial, _____

{ Undertaker, _____ Place of Business, _____ }

Address, *29 S. Sharp St.*

J. H. Belton M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 20859

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, and to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *Sept. 19, 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *George*

Sex, Male or Female, { Cross out the words not required in this line. } *Male*

Age, _____ Years, _____ Months, *14* Days

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, *Trundling*

Birthplace, { State or country (and how long in United States, if of foreign birth.) } *House*

Duration of Residence in the City of Baltimore, *2 days*

Place of Death, { Give street and number. } *St Vincent's Infant Asylum*

Cause of Death, { First (Primary,) *Extreme marasmus*
Second (Immediate,) *dying when received* }

Duration of Last Sickness, _____

All the above information should be furnished by the Physician.

Place of Burial, *Cathedral Cemetery*

Date of Burial, *Sept. 21, 1877*

{ Undertaker, *Sam'l Bowen*
Place of Business, *153 Division St.* }

Martiny Brewer M. D.
Medical Attendant.

Address, *201 W. Middle*

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

860
OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, and out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said person, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *Sept 18" 1877*
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Joseph Senifer*
Sex, Male or Female, { Cross out the word not required in this line. }
Age, *11* Years, Months, Days.
Color, *Colored*
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation,
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Calvert Co. Md*
Duration of Residence in the City of Baltimore, *6 weeks*
Place of Death, { Give street and number. } *165 S. Green St*
Cause of Death, { First (Primary,) Second (Immediate,) } *Typhoid Fever*
Duration of Last Sickness, *5 weeks*
All the above information should be furnished by the Physician.
Place of Burial, *Green Cemetery*
Date of Burial, *Sept 22, 1877* *O. A. Cooke* M. D. Medical Attendant.
{ Undertaker, *J. H. Chase*
{ Place of Business, *48 Howard St* Address *Cor. Lee & Channing St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 20861

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE



CERTIFICATE OF DEATH.

Date of Death,

Sept. 20th.

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Mary Schreifer

Sex, Male or Female,

Cross out the word not required in this line.

Age,

Years,

11

Months,

Days.

Color,

White

Sex,

female

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

276. E. Pratt St.

Duration of Residence in the City of Baltimore,

Life

Place of Death,

Give street and number.

" " "

Cause of Death,

First (Primary),

Second (Immediate),

Meningitis Spinalis
36 hours.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

St. Alphonsus Cemetery

Date of Burial,

September 21

M. D.

Medical Attendant.

Undertaker,

Wendelin Lippert

Place of Business,

S. Bond St 151

Address

200 E. Pratt St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

0862

OFFICE OF REGISTRAR OF VITALS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, as soon as possible, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death, and, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *September 19th 1877.*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Annie Martini.*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *thirty one* Years, Months, Days.

Color, *White.*

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore City, Md.*

Duration of Residence in the City of Baltimore, *Life time.*

Place of Death, { Give street and number. } *287 Eastern Avenue.*

Cause of Death, { First (Primary), Second (Immediate), } *Consumption.*

Duration of Last Sickness, *One week.*

All the above information should be furnished by the Physician.

Place of Burial, *Mount Carmel*

Date of Burial, *September 21*

{ Undertaker, Place of Business, } *Wendelin Tiffel, S. Bond St. 151*

Nicholas L. Sathwell M. D.
Medical Attendant.

Address *207 S. Broadway.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 20863

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *as* out, to the Undertaker or other person superintending the burial, within *twenty-four* hours after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

Sept 20th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Annie Link

Sex, ~~Male~~ Female,

Cross out the words not required in this line.

Age,

85

Years,

Months,

Days

Color,

white

~~Married~~, Single, Widow ~~or Widower~~,

Cross out the words not required in this line.

Occupation,

Birthplace,

(State or country (and how long in United States, if of foreign birth.)

Baltimore City

Duration of Residence in the City of Baltimore,

Life

Place of Death,

(Give street and number.)

10 Burrough St

Cause of Death,

First (Primary),

Second (Immediate),

old age

Duration of Last Sickness,

8 months

All the above information should be furnished by the Physician.

Place of Burial,

Mount Olivet

Date of Burial,

Sept 21st 1877

James A. Stenard M.D.

Undertaker,

Amesbury & Co

Address, Commissioner of Health

Place of Business,

Light St

Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information Thomas Link per son

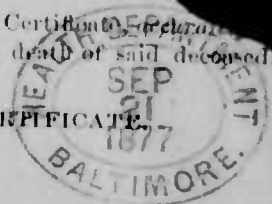
[OVER.]

Permit No. 20864

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *to be presented* out, to the Undertaker or other person superintending the burial, within *twenty-four* hours after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

Sept 20th, 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Mary Elizabeth Parker

Sex, Male or Female,

Cross out the word not required in this line.

Age,

1

Years,

8

Months,

Days.

Color,

white

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

No. 1000 N. St

Cause of Death,

First (Primary.)

Second (Immediate.)

Asphyxiation

Duration of Last Sickness,

1-2 weeks

All the above information should be furnished by the Physician.

Place of Burial,

St. Matthew's Cemetery

Date of Burial,

Sept 21st 1877

Undertaker,

So. Broadway

Place of Business,

244 Eastern Ave.

Address

12517 K. Lexington St

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, if the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

20865

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurate, out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of the deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, 20th of September 1877
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Christian Gough
Sex, ~~Male or Female~~, { Cross out the word not required in this line. }
Age, 68 Years, Months, Days.
Color, White
~~Married, Single, Widow or Widower~~, { Cross out the words not required in this line. }
Occupation, _____
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Germany
Duration of Residence in the City of Baltimore, 30 years
Place of Death, { Give street and number. } 39 Bank St.
Cause of Death, { First (Primary), Second (Immediate), } Old age, Muscular
Duration of Last Sickness, 14 days
All the above information should be furnished by the Physician.
Place of Burial, 39 Bank St.
Date of Burial, 39 Bank St.
{ Undertaker, Est. Schlenker Address 245 E. Baltimore
Place of Business, 245 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish in forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

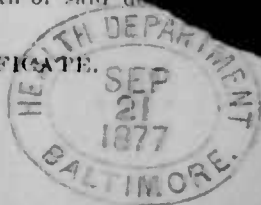
[OVER.]

20866,

OFFICE OF REGISTRAR OF VITALS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Sex, Male or Female,

Cross out the word not required in this line.

Age,

Years,

Months,

Days.

Color,

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

Cause of Death,

First (Primary.)

Second (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

Undertaker,

Place of Business,

Address

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITALS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Male or Female,

Cross out the word not required in this line.

Age,

Years,

Months,

Days.

Color,

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

Cause of Death,

First (Primary),

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

Undertaker,

Place of Business,

Address

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

20868
OFFICE OF REGISTRAR OF VITALS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, and to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Sept. 18th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

William H. Rhoads

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age,

Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Single

Occupation,

None

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

Since birth

Place of Death, { Give street and number. }

31 S. Castle St.

Cause of Death, { First (Primary), Second (Immediate), }

Intens

Convulsions

Duration of Last Sickness,

3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Ellicott Fen

Date of Burial, September 21st 1877

Undertaker, H. M. Gilmeyer

Place of Business, 311 Canton St.

Address

James C. McShane M. D.
Medical Attendant.
68 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

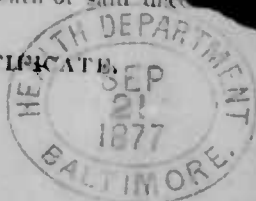
[OVER.]

OFFICE OF REGISTRAR OF VITAL S

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, and to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Sept. 20th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

John Cadden

Sex, Male or Female,

Cross out the word not required in this line.

Age,

59 Years,

Months,

Days.

Color,

white

Married, Single, Widowed or Widower,

Cross out the words not required in this line.

Occupation,

Laborer

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Ireland

Duration of Residence in the City of Baltimore,

30 yrs —

Place of Death,

Give street and number.

No. 19 Harris ally

Cause of Death,

First (Primary),

Second (Immediate),

Inflammation of bowels

Duration of Last Sickness,

6 days

All the above information should be furnished by the Physician.

Place of Burial,

St. Patrick's Cemetery

Date of Burial,

September 22nd 1877

Undertaker,

H. H. Gibney

Place of Business,

341 Canton st.

R. W. Mansfield

M. D.

Medical Attendant.

Address

117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

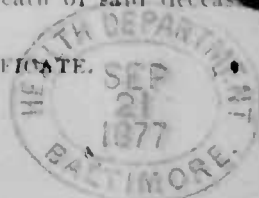
Permit No. 20870

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, and to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, 20th Sept 77

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Benj. L. Hyman

Sex, Male or Female, { Cross out the words not required in this line. } male

Age, 63 Years, Months, Days

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. } married

Occupation, Upholsterer

Birthplace, { State or country (and how long in United States, if of foreign birth.) } MA

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 544 Howard St

Cause of Death, { First (Primary,) Apoplexy }
{ Second (Immediate,) }

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Sep 23rd 1877

Undertaker, { Name and Address } Address, 108 Park Ave

Place of Business, 42 N. Howard St

Medical Attendant, A. D. M. D.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

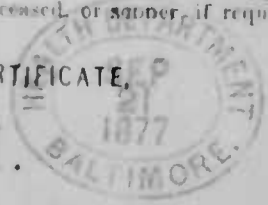
Permit No. 20871

OFFICE OF REGISTRAR OF VITAL ST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *Friday morning Sept 21st 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Flora Harris*

Sex, Male or Female, { Cross out the word not required in this line. } *Female*

Age, *7* Years, *7* Months, *7* Days.

Color, *Black*

Married, Single, Widow or Widower, { Cross out the word not required in this line. } *Single*

Occupation, *Domestic*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore City*

Duration of Residence in the City of Baltimore, *10 years*

Place of Death, { Give street and number. } *# 1 Prince Court*

Cause of Death, { First (Primary) Second (Immediate) } *Apoplexy Pulmonary Hemorrhage*

Duration of Last Sickness, *Two Days*

All the above information should be furnished by the Physician

Place of Burial, *E. P. Cemetery*

Date of Burial, *Sept 21st 1877* Witness *Dr. D. D. D.* Medical Attendant

Undertaker, *C. Shepperd*

Place of Business, *Pratt St* Address *# 25 1/2 St. James Ave*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 20872

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

September 20th 1877

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents.

Theresa Walker

Sex, Male or Female, Cross out the word not required in this line.

Female

Age, about 90 Years, Months, Days.

Color,

Black

Sex,

Female

Married, Single, Widow or Widower, Cross out the words not required in this line.

Widow

Occupation,

Washwoman

Birthplace, State or country (and how long in the United States, if of foreign birth.)

Baltimore Co. Md

Duration of Residence in the City of Baltimore,

Since Childhood

Place of Death, Give street and number.

No. 17 Marion St.

Cause of Death, First (Primary),
Second (Immediate),

Apoplexy

Duration of Last Sickness,

Death

Immediate; found dead in bed.

All the above information should be furnished by the Physician.

Place of Burial,

Sharp & Cemetery

Date of Burial,

Sept 21st 1877

Eugene F. Cordell

M. D.

Medical Attendant.

Undertaker,

Wm. James Gray

Place of Business,

65 Mulberry St.

Address

125 N. Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITALS

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *Sept 19 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Wm. J. Thomas*

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *39* Years, Months, Days.

Color, *Black*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Married*

Occupation, *Labrer*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Somerset County*

Duration of Residence in the City of Baltimore, *21 W. 2d Alley*

Place of Death, { Give street and number } *21 W. 2d Alley*

Cause of Death, { First (Primary), Second (Immediate.) } *Complication of Brea*
24 Hours

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, *Somerset County*

Date of Burial, *23 September*

{ Undertaker, *Jacob Davis*

{ Place of Business, *103 Lee St.*

Address

Adm. Dodge M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 882

[OVER.]

Office of Registrar of Vital Statistics

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, according to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *Sept 20 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Margaret Friedrich*

Sex, *Male or Female*, { Cross out the word not required in this line. }

Age, *1* Years, *0* Months, *3* Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *22 Columbia Ave*

Duration of Residence in the City of Baltimore, *1 Year*

Place of Death, { Give street and number. } *22 Columbia Ave*

Cause of Death, { First (Primary,) Second (Immediate,) } *Direct*

Duration of Last Sickness, *3 Months*

All the above information should be furnished by the Physician.

Place of Burial, *Western Cemetery*

Date of Burial, *21st September*

Undertaker, *Ph. J. Dill*

Place of Business, *183 Columbia Ave*

Address, *582 W. Lombard St*

John E. Tuttle M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Register No. 20875

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurate, out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

21st Sept 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Peter Partin

Sex, Male or Female,

Cross out the word not required in this line.

Age,

77 Years.

Months,

Days.

Color,

White

Sex,

Married, Single, Widow, or Widower,

Cross out the words not required in this line.

Occupation,

Watchmaker

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Virginia

Duration of Residence in the City of Baltimore,

12 yrs

Place of Death,

Give street and number.

34 1/2

S. Easton

Cause of Death,

First (Primary,)

Second (Immediate,)

Paralysis

Duration of Last Sickness,

28 Months

All the above information should be furnished by the Physician.

Place of Burial,

Prince Edward Co

Date of Burial,

Sept 21st 1877

Undertaker,

John H. Hatcher

Place of Business,

150 Camden

Address

1 Mervin Terrace

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Transit 883

City of Baltimore,

Permit No. 20876

OFFICE OF REGISTRAR OF VITALS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately, out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, September 19th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John M. Decker

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, thirty nine Years, seven Months, Days.

Color, Sex,

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Doctor

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give street and number. } 115 N. Gay St.

Cause of Death, { First (Primary,) Pulmonary Tuberculosis
Second (Immediate,) "

Duration of Last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sep 20 1877

{ Undertaker, Theo J. Socks
Place of Business, 36 Jefferson

Address 115 N. Gay St.

Medical Attendant, M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

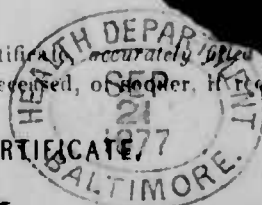
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 20877

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, Sept 20 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Samuel Davis

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Years, 2 Months, 14 Days.

Color, Black

Married, Single, Widowed or Orphaned, { Cross out the word not required in this line. } Single

Occupation, Balto

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Life

Duration of Residence in the City of Baltimore, 78 St. Mary's St.

Place of Death, { Give street and number. } 78 St. Mary's St.

Cause of Death, { First (Primary,) } Bowel trouble from their representation
{ Second (Immediate,) } Do not know, satisfied of Nat. Cause

Duration of Last Sickness, All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, September 21 1877

{ Undertaker, James Gray

{ Place of Business, as above Address 55 N. Green St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

20878

OFFICE OF REGISTRAR OF VITALS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said person, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *September 21st 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Thosore Lucas*

Sex, Male or ~~Female~~ { Cross out the word not required in this line. }

Age, *34* Years, *13* Months, *13* Days.

Color, *White*

Married, ~~Single~~, ~~Widow~~, or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, *Collector*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Maryland*

Duration of Residence in the City of Baltimore, *24 Years*

Place of Death, { Give street and number. } *17 S. Republican*

Cause of Death, { First (Primary,) Second (Immediate,) } *Apoplexy*

Duration of Last Sickness, *About 20 hours*

All the above information should be furnished by the Physician.

Place of Burial, *Elkridge Landing Annapolis County*

Date of Burial, *Sep 22nd 1877*

Undertaker, *El B. Cook*

Place of Business, *No 707 W Baltimore Street*

Address, *582 W Fayette*

W. R. McManis M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

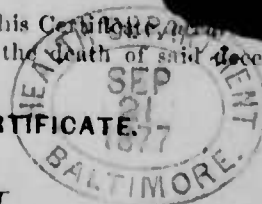
[OVER.]

Permit No. 20879.

OFFICE OF REGISTRAR OF VITALS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *Rose Barrons died*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *20: Sept: 1877*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *57* Years,

Months,

Days.

Color, *White*

Sex, *Female*

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Single

Occupation, *None*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Ireland*

Duration of Residence in the City of Baltimore, *25 Years*

Place of Death, { Give street and number. } *215 Madison St.*

Cause of Death, { First (Primary,) *Cirrhosis Hepatis*
Second (Immediate,) *Afebrile & Exhaustion.*

Duration of Last Sickness, *Two Months*

All the above information should be furnished by the Physician.

Place of Burial, *Holy Cross Cemetery*

Date of Burial, *Sept 22nd 1877*

Undertaker, *Jacob Weaver*

Place of Business, *No. 6 Duane St. Baltimore*

Frederick J. M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

City of Baltimore,

Permit No. 20880

OFFICE OF REGISTRAR OF VITALS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 0 Years,

Color,

Sex,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

{ Undertaker,

{ Place of Business,

M. D.

Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No. 20881

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately, out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, September 21st 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James Korman

Sex, Male or Female, { Cross out the words not required in this line. }

Age, 6 Years, 6 Months, Days

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, none

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Baltimore

Duration of Residence in the City of Baltimore, 1 year

Place of Death, { Give street and number. } 1200 Brittons Church St

Cause of Death, { First (Primary.) } Diphtheria

Duration of Last Sickness, About 3 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Sept 23rd 1877

Undertaker, James P. Byrne

Place of Business, 1263 N Street

Address,

Medical Attendant,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 20882

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *September 21st 1877*
 Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Elizabeth Manning*
 Sex, *Male & Female*, { Cross out the word not required in this line. }
 Age, *twelve* Years, *eight* Months, *twenty-four* Days.
 Color, *white* Sex, *female*
 Married, Single, Widow & Widower, { Cross out the words not required in this line. }
 Occupation, *No special occupation*
 Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore City*
 Duration of Residence in the City of Baltimore, *Since birth*
 Place of Death, { Give street and number. } *Poppleton St. near Sautoga*
 Cause of Death, { First (Primary), Second (Immediate), } *Exposure to cold, Rheumatism & Metastasis*
 Duration of Last Sickness, *Six days*
All the above information should be furnished by the Physician.

Place of Burial, *St. Vincent's*
 Date of Burial, *Sept 22 1877*
 Undertaker, *James P. Byrne* Address *109 N. Charles St*
 Place of Business, *No 63 N. Front St*
 Medical Attendant, *E. M. White* M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore.

Permit No. 20883

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

Sept 21st 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Agnes F. P. Page

Sex, Male or Female, { Cross out the word not required in this line. }

female

Age,

4 Years,

6 Months,

20 Days.

Color,

white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Balto. City

Duration of Residence in the City of Baltimore,

since born

Place of Death, { Give street and number. }

228 E. Eager

Cause of Death, { First (Primary.) Second (Immediate.) }

Diphtheria

Duration of Last Sickness,

8 days

All the above information should be furnished by the Physician.

Place of Burial,

Holy Cross

Date of Burial,

Sept 22 1877

{ Undertaker,

Fry & Brown

{ Place of Business,

54 N Broadway

J. G. Pawel, M. D.
Medical Attendant.

Address 27 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 20884

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *Sept 21. 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Henry Low Haesloop*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, *6* Years, *6* Months, Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country and how long in the United States. If of foreign birth. } *Baltimore*

Duration of Residence in the City of Baltimore, *Life*

Place of Death, { Give street and number. } *146 Mulberry St*

Cause of Death, { First (Primary) Second (Immediate) } *Inanition*
Exhaustion

Duration of Last Sickness, *Two weeks*

All the above information should be furnished by the Physician

Place of Burial, *Baltimore Cemetery*

Date of Burial, *Sept 22*

Undertaker, *Wm. H. Harkmann*

Place of Business, *24 Mulberry St* Address *55 Myrtle*

Wm. H. Harkmann M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

20885
OFFICE OF REGISTRAR OF VITALS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *September 21st 1877.*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Henry Kratz*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, *fifty three* Years,

Months,

Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, *Shoe Maker.*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Hessen Darmstadt Germany.*

Duration of Residence in the City of Baltimore, *seventeen years.*

Place of Death, { Give street and number. } *209 Alice Anna St.*

Cause of Death, { First (Primary,) Second (Immediate,) }

Consumption.

Duration of Last Sickness,

Two Months.

All the above information should be furnished by the Physician.

Place of Burial, *Baltimore Cemetery*

Date of Burial, *23 Sept 1877*

Nicholas L. Dathill, M. D.
Medical Attendant.

Undertaker, *John E. Schuch*

Place of Business, *265 West Avenue*

Address *207 S. Broadway.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

5886
OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, and to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *September 21st 1877*
 Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } *Jacob Willdebury*
 Sex, Male or Female, { Cross out the word not required in this line. } *Male*
 Age, *Twenty one* Years, *---* Months, *---* Days.
 Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }
 Occupation, *Laborer*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Unknown*

Duration of Residence in the City of Baltimore, *4 of Feb '74*
 Place of Death, { Give street and number. } *---*

Cause of Death, { First (Primary,) Second (Immediate.) } *Drowning.*

Duration of Last Sickness, *---*
 All the above information should be furnished by the Physician

Place of Burial, *Fels Grand Hebrew Cemetery*
 Date of Burial, *Sept 23rd 77*
 { Undertaker, *Yip Eilan* Address *Coronet Edist*
 { Place of Business, *101 Gough St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No. 20887

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurate, out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

September 21st 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Isabella Myers Thompson

Sex, Male or Female, { Cross out the words not required in this line. }

Female

Age,

45

Years,

Months,

Days

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Married

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) }

Baltimore Md.

Duration of Residence in the City of Baltimore,

45 years

Place of Death, { Give street and number. }

150 North Eutaw St

Cause of Death,

{ First (Primary,)
Second (Immediate,)

Dysentery
2 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

New Catholic C.

Date of Burial,

Sept 24th 77

{ Undertaker,

James W. Jones

{ Place of Business,

35 East 1st

Address, 150 N. Eutaw St

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 20888

OFFICE OF REGISTRAR OF VITALS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, and to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, Sept 21st 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Kevitch

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 6 Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore City, Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number. } 320 Alice Anna St.

Cause of Death, { First (Primary,) Pertussis complicated by acute
Second (Immediate,) Pneumonia

Duration of Last Sickness, 6 days,

All the above information should be furnished by the Physician.

Place of Burial, St. Stephens Church

Date of Burial, Sep. 22nd 77 John H. Rehberger M. D.
Medical Attendant.

{ Undertaker, Michael Kramer Address 243 Alice Anna St.

{ Place of Business, No 250 Canton St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 20889

OFFICE OF REGISTRAR OF VITAL S

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *according to the law*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *Sept 21st - 1877*
Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. *Margaret H Smith*
Sex, Male or Female, Cross out the word not required in this line. *Female*
Age, *50* Years, *—* Months, *—* Days.

Color, *—* Sex, *—*
Married, Single, Widow or Widower, Cross out the words not required in this line. *Married*

Occupation, *—*

Birthplace, State or country (and how long in the United States, if of foreign birth.) *Ireland*

Duration of Residence in the City of Baltimore, *Twenty Years*

Place of Death, Give street and number. *# 10 Falls Street*

Cause of Death, First (Primary), *Chronic Bronchitis*
Second (Immediate), *Typhoid Fever*

Duration of Last Sickness, *3 weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Holy Cross - Geo. B. Reynolds M. D.*

Date of Burial, *Sept 22. 1877*

Undertaker, *John Reden-g* Address *43 N. Calvert*

Place of Business, *Cor Greenmount Ave and Monument St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

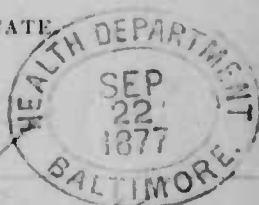
Permit No. 20890

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, and to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Sept. 21st 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Minnie Ann Crutcher

Sex, Male or Female, { Cross out the words not required in this line. }

female

Age,

15 Years,

3 Months,

21 Days

Color,

white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

single

Occupation,

none

Birthplace, { State or country (and how long in United States, if of foreign birth.) }

Baltimore City

Duration of Residence in the City of Baltimore,

since born

Place of Death, { Give street and number. }

248 E. Pratt St

Cause of Death, {

First (Primary.)

Typhoid fever

Second (Immediate.)

Duration of Last Sickness,

10 weeks

All the above information should be furnished by the Physician.

Place of Burial,

Balto Cemetery

Date of Burial,

Sept 23 / 77

{ Undertaker,

Hughes & Co

{ Place of Business,

65 S Broadway

J. S. Gausche M.D.
Medical Attendant.

Address, 27 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 20891

OFFICE OF REGISTRAR OF VITALS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, and to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said person, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, Sept. 22nd 1877
Full Name of Deceased, George Thomas
Sex, Male or Female, Male
Age, 2 Years, _____ Months, _____ Days.
Color, White
Married, Single, Widow or Widower, Single
Occupation, None
Birthplace, Baltimore
Duration of Residence in the City of Baltimore, Since birth
Place of Death, 6 Fountain Street
Cause of Death, Convulsions
Duration of Last Sickness, Do not know
All the above information should be furnished by the Physician.
Place of Burial, St. Alphonsus
Date of Burial, sep 23th
Undertaker, Medicine Lippert
Place of Business, 3 Bond St
Address, 68 S. Broadway
M. D. James A. McShane
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Y



F

I

L

M

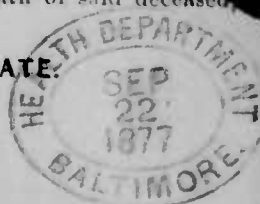


Permit No. 20892

OFFICE OF REGISTRAR OF VITALS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurate and complete, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, Sep 21st 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Emma F. F. F.

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 52 Years, 4 Months, 16 Days.

Color, White, Sex, Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Burlington, Russia

Duration of Residence in the City of Baltimore, About 30 years

Place of Death, { Give street and number. } No 303 W. Pratt St B.C.

Cause of Death, { First (Primary,) Second (Immediate,) } Hepatitis

Duration of Last Sickness, 18 Hours

All the above information should be furnished by the Physician.

Place of Burial, London Park, Buried by M. D. Medical Attendant.

Date of Burial, 23rd Sept

{ Undertaker, Th. Howard, Address No 203 W. Lombard St. }
{ Place of Business, 35 S. Eutaw St }

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 20893,

OFFICE OF REGISTRAR OF VITAL S

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately, out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE



CERTIFICATE OF DEATH.

Date of Death,

Sept 21st 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Louisa J Reitz

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, Fifty five Years,

Months,

Days.

Color, White

Sex, Female

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

None

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give street and number. }

359 Park Avenue

Cause of Death, { First (Primary),
Second (Immediate), }

Typhoid fever

Ingravescent apoplexy

Duration of Last Sickness,

eleven days. Apoplexy proved fatal in 3 1/2 hours

All the above information should be furnished by the Physician.

Place of Burial,

Green Mount Cem

Elias C Price M. D.

Date of Burial,

Sept 23rd 1877

Medical Attendant.

{ Undertaker,

Thos J Hughes

Address

262 Madison St

{ Place of Business,

60 E Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 20894

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Sept 22nd 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Charles Hoffman

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years,

13

Months,

2

Days.

Color,

White

Sex,

Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Baltimore Md.

Duration of Residence in the City of Baltimore,

Whole life

Place of Death, { Give street and number. }

417 McHenry St.

Cause of Death, { First (Primary,) Second (Immediate,) }

Laryngitis

Duration of Last Sickness,

Three days

All the above information should be furnished by the Physician.

Place of Burial,

Londan Park

Date of Burial,

Sept 23rd 1877

{ Undertaker,

L. B. Cook

{ Place of Business,

N. Balto St

Address

James Bosley

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

City of Baltimore,

Permit No. *20895*

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *Sept 21*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Oliver L. Myers*

Sex, *Male* or ~~Female~~, { Cross out the word not required in this line. }

Age, *54* Years, Months, Days.

Color, *Cal* Sex, *Male*

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Howard Co Md*

Duration of Residence in the City of Baltimore, *50 years*

Place of Death, { Give street and number. } *134 Harmony Lane*

Cause of Death, { First (Primary),
Second (Immediate.) } *Typhoid Fever*

Duration of Last Sickness, *2 weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Lacret Cemetery*

Date of Burial, *Sept 23 77*

{ Undertaker, *S. W. Lehn*

{ Place of Business, *88 Howard St*

Address *53 South Sharp St*

J. B. [Signature] M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

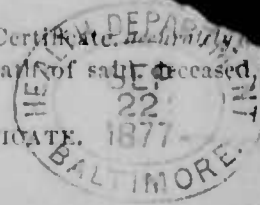
Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 20896

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *and* ~~to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.~~

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

September 20th 1877.

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Wm James Parker

Sex, Male ~~Female~~,

{ Cross out the words not required in this line. }

Age,

One

Years,

One

Month,

Days

Color,

Colored (very dark)

~~Married Single~~ { Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in United States, if of foreign birth.) }

Vincent St. (Court) City

Duration of Residence in the City of Baltimore,

Parents Few Years.

Place of Death,

{ Give street and number. }

Vincent St. Ct.

Cause of Death,

{ First (Primary), }

{ Second (Immediate), }

Teething

Cholera Infantum

Duration of Last Sickness,

Eight weeks

All the above information should be furnished by the Physician.

Place of Burial,

W. Pub. Ames

Date of Burial,

Sept 22nd 1877

Theo Strahan M.D.
Medical Attendant.

{ Undertaker,

F. A. Kerchner

{ Place of Business,

50 S. Carroll St.

Address,

690. Saratoga St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 20897

OFFICE OF REGISTRAR OF VITALS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, Sept 21st 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Kate W. McCallough

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } female

Age, 11 Years, 11 Months, 20 Days.

Color, white Sex, female

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, none

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Haore de grace. Md.

Duration of Residence in the City of Baltimore, 1 year

Place of Death, { Give street and number. } 144 S. Ann St.

Cause of Death, { First (Primary,) Typhus Fever
Second (Immediate,) Debility & congestion of lungs

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Beal Co. Md.

Date of Burial, Sep. 23. 1877

J. R. Uhler M. D.
Medical Attendant.

{ Undertaker, M. A. Davis

{ Place of Business, 74 S. Broadway

Address 234 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transet 884

[OVER.]

Board of Health, City of Baltimore,

Permit No. 20898

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE



CERTIFICATE OF DEATH.

Date of Death, September 21st 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary McDonnell Hamilton

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, Eight Years, Eight Months, Twenty two Days.

Color, White Sex, Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } State of Virginia

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } No 7 Wilhelm St

Cause of Death, { First (Primary,) Second (Immediate,) } Diphtheria

Duration of Last Sickness, Fourteen days

All the above information should be furnished by the Physician.

Place of Burial, St Peter Cemetery J. C. Shiner M. D.

Date of Burial, Sept 23rd

{ Undertaker, Wm. M. Leonardson Address 626 Lexington St
Place of Business, 712 N. Baltimore St }

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

City of Baltimore
Permit No. 20899

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *delivered* out, to the Undertaker or other person superintending the burial, within *twenty-four* hours after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

CERTIFICATE OF DEATH.



Date of Death,

Sept. 22nd

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Adolph Heise

~~Sex~~, Male or Female, { Cross out the words not required in this line. }

Age,

Years,

Months,

8 Days

Color,

white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) }

Balto. city

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

284 Canton av.

Cause of Death, { First (Primary,) Second (Immediate,) }

Trismus Nascentium

Duration of Last Sickness,

2 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, September 23rd 1877

{ Undertaker, H. R. Gibmeyer }

{ Place of Business, 341 Canton St. }

W. W. Mansfield M. D.
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. *20900*

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE



CERTIFICATE OF DEATH.

Date of Death, *September 22nd 1877.*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Joseph Miller*

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *6* Years, *4* Months, *1* Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *1*

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Balt. Md.*

Duration of Residence in the City of Baltimore, *allways*

Place of Death, { Give street and number. } *119 Pierce St*

Cause of Death, { First (Primary,) Second (Immediate,) } *Diphtheria*

Duration of Last Sickness, *5 days*

All the above information should be furnished by the Physician.

Place of Burial, *St. Francis Cemetery*

Date of Burial, *23 September*

Undertaker, *Henschel, Son*

Place of Business, *60 Franklin Ave*

Address *22 Malbury St.*

Louis R. Storn M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 20901

OFFICE OF REGISTRAR OF VITALS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Sept 21 1877

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Eliza Ellen Robinson

Sex, ~~Male~~ Female,

Cross out the words not required in this line.

Age,

Years,

Months,

4 Days

Color,

Black

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in United States, if of foreign birth.)

Balt city

Duration of Residence in the City of Baltimore,

Life

Place of Death,

Give street and number.

4 Sterling St

Cause of Death,

First (Primary.)

Pneumonia

Second (Immediate.)

Asthma

Duration of Last Sickness,

4 days

All the above information should be furnished by the Physician.

Place of Burial,

Sharp Street

Date of Burial,

Sept 21 1877

James A. Stinson M. D.

Undertaker,

Adam Warfield

Place of Business,

Sexton

Address,

Commiss of Health
Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

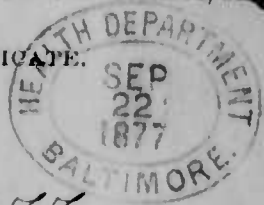
Information by John Robinson, Father

Permit No. 20902

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

September 22^d 1877,
Horace M. Rutter

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

Years,

11 Months,

7 Days.

Color,

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, *Balti Cem*

Date of Burial, *Sept 24*

{ Undertaker,

{ Place of Business,

Chas D Pennington M. D.
Medical Attendant.

Address *98 N Greene St.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 20903

OFFICE OF REGISTRAR OF VITALS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Sept. 22/77

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Louisa Beebe

~~Sex, Male or Female,~~ { Cross out the words not required in this line. }

Age, Years,

14 Months,

Days

Color,

white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

253 Canton av.

Cause of Death, { First (Primary,) Second (Immediate,) }

Dentition

convulsions

3 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore

Date of Burial,

Sept 24th

Undertaker,

W. & S. Co.

Place of Business,

124 Broadway

R. W. Mansfield

M. D.

Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 20904

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurate, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Sep. 21.77

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents }

Charles Wm. Stehmann

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

1 Years,

8 Months,

8 Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Balto

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

75 Bond

Cause of Death, { First (Primary,) Second (Immediate,) }

Croup

Duration of Last Sickness,

4 days

All the above information should be furnished by the Physician.

Place of Burial,

Western Cemetery

Date of Burial,

Sep. 23rd

Undertaker,

F. N. Trull

Place of Business,

131 Hanover St

Address Sharp, Lemon Lane & Leck

S. L. M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 20905

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *acceding* out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *September 21st 1877*
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *John Clark*
Sex, Male or Female, { Cross out the word not required in this line. }
Age, *1* Year, *8* Months, *2* Days.
Color, *White* Sex,
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation,
Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Carbondale, Luzerne Co. Pa.*
Duration of Residence in the City of Baltimore, *14 mos.*
Place of Death, { Give street and number. } *94 Chesapeake St. Canton*
Cause of Death, { First (Primary,) Second (Immediate.) } *Tuberc. Misanthrac*
Duration of Last Sickness, *Four weeks*
All the above information should be furnished by the Physician.
Place of Burial, *St Patrick Phila Road*
Date of Burial, *Sep 23*
A. S. Chase M. D.
Medical Attendant.
{ Undertaker, *M. Clarke* Address *235 E. Lexington*
{ Place of Business, *64 E. Baltimore st*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 20906

OFFICE OF REGISTRAR OF VITALS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, and to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said person, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

CERTIFICATE OF DEATH.



Date of Death,

Sept 21st 1877

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Ella, May, Hunt, Corbine

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

2

Years,

4

Months,

3

Days.

Color,

White

~~Married, Single, Widow or Widower,~~ { Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

154 Battery Ave

Duration of Residence in the City of Baltimore,

Life

Place of Death,

{ Give street and number. }

154 Battery Ave

Cause of Death,

{ First (Primary), }

{ Second (Immediate), }

Membranous Croup

Duration of Last Sickness,

3 days

All the above information should be furnished by the Physician.

Place of Burial,

Mount Vernon

Date of Burial,

Sept. 22nd 1877

Undertaker,

William Denny

Place of Business,

103 Light St.

Geo. H. Benson M. D.
Medical Attendant.

Address

144 Hanover St
City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 20907

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, and out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, September 21, 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mina Schönfeld

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 57 Years, 6 Months, Days.

Color, white Sex,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Nurse

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Dresden, Germany.

Duration of Residence in the City of Baltimore, 27 Years

Place of Death, { Give street and number. } W. Pratt No. 913.

Cause of Death, { First (Primary,) Chronic intestinalis { Second (Immediate,) General Dropsy

Duration of Last Sickness, 2 1/2 Months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery to W. Pick M. D.

Date of Burial, Sep 23 1877

Medical Attendant.

{ Undertaker, John P. Paul Address { Place of Business, 66 Thacker Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 20908

OFFICE OF REGISTRAR OF VITALS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *Sept 21st 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Virginia Loryner*

Sex, Male or Female, { Cross out the word not required in this line. } *Female*

Age, *35* Years, Months, Days.

Color, *Black* Sex, *Female*

Married, Single, Widowed, { Cross out the words not required in this line. }

Occupation, *Servant*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Virginia*

Duration of Residence in the City of Baltimore, *4 Years*

Place of Death, { Give street and number. } *180 Myron Street*

Cause of Death, { First (Primary,) Second (Immediate,) } *Apoplexy*

Duration of Last Sickness, *about 8 days*

All the above information should be furnished by the Physician.

Place of Burial, *Laurel Cemetery*

Date of Burial, *September 22nd 1877*

Undertaker, *Wm. S. Bishop & Co.*

Place of Business, *97 South Hill St.*

Address *108 Cathedral St.*

C. B. Gamble M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

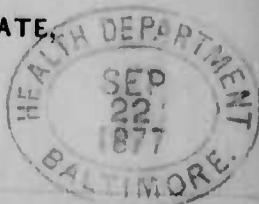
Permit No. 20909

OFFICE OF REGISTRAR OF VITALS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately and in full, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, Sept 21, 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Henry C. Reinhardt

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 38 Years, 5 Months, 21 Days.

Color, White

Sex,

Married, Single, Widower or Widow, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Low M. Balt. Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 135 South Durham

Cause of Death, { First (Primary,) Consumption
Second (Immediate,)

Duration of Last Sickness, 2 years 5 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sept 23rd 1877

{ Undertaker, E. C. Reinhardt

{ Place of Business, 269 Canton Ave Address 19 S Broadway

E. J. May M. D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

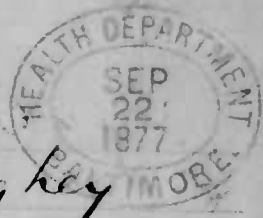
Permit No. 20910

OFFICE OF REGISTRAR OF VITALS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, and to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Sept 21

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Francis R Harghey

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

68

Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Married
Farmer

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Delaware

Duration of Residence in the City of Baltimore,

8 months

Place of Death,

{ Give street and number. }

Corner Saratoga & Calhoun St
Bright Disease

Cause of Death,

{ First (Primary.)
Second (Immediate.) }

Duration of Last Sickness,

18 months

All the above information should be furnished by the Physician.

Place of Burial,

St. John's Cemetery

J T Knight

Date of Burial,

Sept 22

M. D.

Undertaker,

F. J. Harghey

Medical Attendant.

Place of Business,

Cor. of Calhoun & Saratoga St

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 20911

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, Sept. 22, 1877

Full Name of Deceased, Wm. Walter Plummer

Sex, Male or Female, Male

Age, 15 Years, 5 Months, Days.

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, Single

Occupation, None

Birthplace, Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, E. Fayette St. 2nd door from Church

Cause of Death, Dysentery

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician

Place of Burial, Green Mount Cemetery

Date of Burial, September 23, 1877

Undertaker, Thomas S. Hughes

Place of Business, 608 E. Baltimore St.

J. A. Honek M. D.
Medical Attendant.

75 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 20912

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, and out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

CERTIFICATE OF DEATH.



Date of Death,

Sept 21

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Margaret Brunt

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 81 Years,

Months,

Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Ireland

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

487 Pen Ave

Cause of Death, { First (Primary,) Second (Immediate,) }

Paralysis

Duration of Last Sickness,

9 months

All the above information should be furnished by the Physician

Place of Burial, Green Mount

Date of Burial, Sept 23^d 1877

J T Knight M. D.
Medical Attendant.

{ Undertaker, Jacob Weaver

{ Place of Business, 408 4th & David's Hill Ave

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 20913

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Sept 22nd 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Mary E. & John Sellers

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age,

Years,

Months,

7 Hours

Days

Color,

White

Sex,

Male

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

N. Gay St near Monument

Duration of Residence in the City of Baltimore,

7 hours

Place of Death, { Give street and number. }

371 N. Gay St

Cause of Death, {

First (Primary),

Second (Immediate),

Premature birth

Duration of Last Sickness,

7 hours

All the above information should be furnished to the Physician.

Place of Burial,

St Vincent's Cemetery

Date of Burial,

Sept 23rd 1877

M. D.

Medical Attendant.

{ Undertaker,

John Sellers

{ Place of Business,

371 N. Gay St

Address

138 N. E. St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No. 20914

OFFICE OF REGISTRAR OF VITALS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accompanied by the body, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 22nd 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } James Ward

Sex, Male or Female, { Cross out the words not required in this line. }

Age, 65 Years, Months, Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Carpenter

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Pa

Duration of Residence in the City of Baltimore, 25 years

Place of Death, { Give street and number. } Eulan Place

Cause of Death, { First (Primary,) unknown, fell dead in street, Second (Immediate,) do do }

Duration of Last Sickness, 11
All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem

Date of Burial, Sept 23rd 1877

{ Undertaker, J. L. Lane & sons }

{ Place of Business, 558 W. Balto. st }

Geo. C. Gleason M.D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 20918

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of ~~the~~ deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 22^d 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Deborah Hillman

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, 42 Years, 6 Months, Days.

Color, white

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, None

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore

Duration of Residence in the City of Baltimore, 42 years

Place of Death, { Give street and number. } 57 Orleans St

Cause of Death, { First (Primary,) Second (Immediate,) } Consumption

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Sept 24, 3 O'clock P.M.

{ Undertaker, George C. Rodermayer, Address 137 Orleans St }

{ Place of Business, 38 Union St }

J. J. [Signature] M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 20916

OFFICE OF REGISTRAR OF VITALS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of the deceased, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 22nd 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Susan May Hall

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age, 5 Years, 7 Months, 1 Days.

Color, white

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } Single

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore city

Duration of Residence in the City of Baltimore, life

Place of Death, { Give street and number. } 100 S. Sticker St.

Cause of Death, { First (Primary,) } Diphtheria

{ Second (Immediate,) }

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Sept 24 1877

{ Undertaker, J. B. Cook } M. D. M. D. Medical Attendant.

{ Place of Business, W. Balt St } Address W. Cor Fayette & Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No. 20917

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Sept 21st 1877

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Blanche Ophelia

Sex, Male or Female,

{ Cross out the words not required in this line. }

Age,

Years,

11 Months,

Days

Color,

Black

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

11 Months

Place of Death,

{ Give street and number. }

124 N. Dallas St.

Cause of Death,

{ First (Primary,) }

Diphtheria

{ Second (Immediate,) }

Convulsions

Duration of Last Sickness,

2 Weeks

All the above information should be furnished by the Physician.

Place of Burial,

Lower Cemetery

Date of Burial,

Sept 23 1877

{ Undertaker,

Wm. H. Burgee

{ Place of Business,

No 62 East

Address,

Broadway

Madison St.

Medical Attendant,

Wm. S. Russell M. D.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 40918

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* out, to the Undertaker or other person superintending the burial, within *twenty-four* hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

September 20th, 1877.

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Solomon E. Frisky

Sex, Male or Female,

Cross out the word not required in this line.

Age,

Years,

Two

Months,

Fourteen

Days.

Color,

Negro

Married, Single, Widowed or

Widowed

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

No 1 Rahong St.

Cause of Death,

First (Primary),

Second (Immediate),

Tubercular Meningitis

Duration of Last Sickness,

Two weeks

All the above information should be furnished by the Physician.

Place of Burial,

Sharp St Cemetery

Date of Burial,

Sept 23, 1877

Undertaker,

John C. Landon

Place of Business,

1263 Park Ave

DeLaney & Barclay M. D.
Medical Attendant.

Address 165 Argyle Av.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

City of Baltimore,

Permit No. 20919

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 22^d 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Georgiana Batchelder

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age, Years, Months, Days.

Seven

Months,

Color, White

Sex, Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

264 Front St. Baltimore, Md.

Duration of Residence in the City of Baltimore,

Lifetime

Place of Death, { Give street and number. }

264 Front St. Baltimore, Md.

Cause of Death, { First (Primary,) Second (Immediate.) }

Infantile diarrhoea
leucobritis.

Duration of Last Sickness,

5 days

All the above information should be furnished by the Physician

Place of Burial, Old Cathedral Cemetery

Date of Burial, Sept 23^d 1877

John M. Morris

M. D.

Medical Attendant.

{ Undertaker, Geo. Schilling

{ Place of Business, Ashland Cyman

Address 5 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

CITY OF BALTIMORE,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20920

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

22nd Sept

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Fannie F. Hitchett

Sex, Male or Female,

Cross out the word not required in this line.

Age,

10

Years,

4

Months,

7

Days.

Color,

White

Sex,

Female

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Single

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Portsmouth

Va

Duration of Residence in the City of Baltimore,

5 years

Place of Death,

Give street and number.

No. 184 Townsend St.

Cause of Death,

First (Primary),

Diphtheria with extension of the membrane into the larynx.

Second (Immediate),

Asphyxia

Duration of Last Sickness,

Four days

All the above information should be furnished by the Physician.

Place of Burial,

Mount Olivet

Charles A. Geiger

M. D.

Date of Burial,

24 Sept

No 254 Fried Hill av

Medical Attendant.

Undertaker,

J. H. Palmer

Address

Place of Business,

262 Penna av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

[Handwritten signature]

Board of Health, City of Baltimore,

Permit No. 20921

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *Sept 23rd 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *James Maynard Bentley*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, *1* Years, *8* Months, Days.

Color, *White* Sex, *Male*

Married, Single, Widowed or Widower, { Cross out the words not required in this line. } *Single*

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore*

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } *96 St Peter St*

Cause of Death, { First (Primary,) Second (Immediate,) } *Syphilis*

Duration of Last Sickness, *11 days*

All the above information should be furnished by the Physician.

Place of Burial, *Western Cemetery*

Date of Burial, *Sept 24*

R. A. Knass M. D.
Medical Attendant.

J. B. Cook
Undertaker.

407 West Baltimore St
Place of Business.

554 W Gay St
Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 20922

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

23d September 1877.

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

William Kilian

Sex, Male or Female,

Cross out the word not required in this line.

Age,

6 Years,

8 Months,

Days.

Color,

white

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

New Windsor, Carroll County Md.

Duration of Residence in the City of Baltimore,

5 years.

Place of Death,

Give street and number.

S. Bond Street 233.

Cause of Death,

First (Primary.)

Second (Immediate.)

Typhoid fever
5 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore Cemetery

Date of Burial,

Sept 24th 1877

Undertaker,

C. Eckhart

Place of Business,

289 Canton Ave.

William Huxel

M. D.

Medical Attendant.

Address

S. W. 117.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 20923

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

September 23rd 1877

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Mary Jane

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

Years,

4 Months,

Days.

Color,

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

~~Occupation,~~

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

No. 25 Stirling St.

Cause of Death,

{ First (Primary,)
Second (Immediate,) }

Convulsions

Duration of Last Sickness,

16 hours.

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore Cemetery

Date of Burial,

September 25th 1877

Undertaker,

William H. Hickman

Place of Business,

234 N Gay St

Address

341 N Broadway

A. W. White,

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20924

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Sept 22nd, 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

John V. Lamb

Sex, Male or Female,

Cross out the word not required in this line.

Age,

Years,

21

Months,

Days.

Color,

W

Sex,

M

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Balto Md

Duration of Residence in the City of Baltimore,

21 Mos

Place of Death,

Give street and number.

54 Albemarle St

Cause of Death,

First (Primary),

Catarrhal St Fever

Second (Immediate),

Alatactesis

Duration of Last Sickness,

4 Days

All the above information should be furnished by the Physician.

Place of Burial,

Old Cathedral Cemetery Chumcroft

M. D.

Date of Burial,

Sept 24 1877

Medical Attendant.

Undertaker,

James P. Byrne

Address

84 E Baltimore St

Place of Business,

1103 N French St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 20925

City of Baltimore,
OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Sept 24th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Dominick Ruff

Sex, Male or Female,

Cross out the word not required in this line.

Age,

38

Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Italy

Duration of Residence in the City of Baltimore,

2 years

Place of Death,

Give street and number.

5 Plowman St

Cause of Death,

First (Primary.)

Second (Immediate.)

Typhoid Fever

Duration of Last Sickness,

3 weeks

All the above information should be furnished by the Physician.

Place of Burial,

St Vincents Cemetery

Date of Burial,

Sept 24 1877

A. L. Herbert

M. D.

Medical Attendant.

Undertaker,

James P. Byrne

Place of Business,

no 63 N Street St

Address

11 S High St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 20926

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Sept 23 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Maggie Gibbs

Sex, ~~Male~~ or Female,

Cross out the word not required in this line.

Age,

Years,

Nine

Months,

Days.

Color,

Sex,

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

City

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

Haystack Hollington Ave

Cause of Death,

First (Primary),

Second (Immediate),

Respiration (Pneumonia)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Trinity Church

Date of Burial,

24 September

Undertaker,

Tobias Henning

Place of Business,

368 Calver St.

Address

D. C. Ireland M. D.
Baron E. Dick
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 20927

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Sept 22

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Clara E. Fetter

Sex, ~~Male~~ or Female,

Cross out the words not required in this line.

Age,

4

Years,

8

Months,

29

Days

Color,

White

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in United States, if of foreign birth.)

Baltimore

Duration of Residence in the City of Baltimore,

Since Birth

Place of Death,

Give street and number.

27 Elizabeth Lane

Cause of Death,

First (Primary.)

Scarletina

Second (Immediate.)

Diphtheria

Duration of Last Sickness,

11 Days

All the above information should be furnished by the Physician

Place of Burial,

Western Cemetery

Date of Burial,

Sept 23 1877

Undertaker,

Charles F. Herald

Place of Business,

161 Heanue St

Thos. C. C. M. D.

Medical Attendant.

Address,

146 Heanue St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 20928

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, 10 P.M. 22nd September, 1877.

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. George Thomas Gardiner

Sex, Male or Female, Cross out the word not required in this line. Male

Age, Fifty-Six Years, Months, Nineteen Days.

Color, White Sex, Male

Married, Single, Widower or Widowed, Cross out the words not required in this line. Married

Occupation, Driver on Hall Spring P.R. & Co. Cars

Birthplace, State or country (and how long in the United States, if of foreign birth.) Prince George's County - Maryland

Duration of Residence in the City of Baltimore, 30 years

Place of Death, Give street and number. 573 Asquith St near Point Lane Bldg

Cause of Death, First (Primary), Second (Immediate.) Rheumatism and Meningitis.

Duration of Last Sickness, Nearly Three Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 25 1877

Undertaker, Charles D. Herald

Place of Business, 161 Hanover St

Wm. J. Worth M. D.
Medical Attendant.

Address 83 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 20929

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, September 22. 77.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } George Esmaun

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 1. Months, 8. Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Balt.

Duration of Residence in the City of Baltimore, during life

Place of Death, { Give street and number. } 57 Orchard St.

Cause of Death, { First (Primary,) Second (Immediate,) } Convulsions

Duration of Last Sickness, 24 hours.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Church

Date of Burial, Sept. 24th 1877

Undertaker, Geo. Saffran

Place of Business, 121 Penna Ave

Louis B. Horn

M. D.

Medical Attendant.

Address 213 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

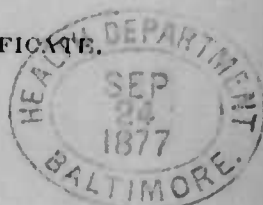
Permit No. 20930

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Sept 23rd 77

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Isaac Moon

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 2 Years,

Months,

Days.

Color,

Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore City

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give street and number. }

71 King St

Cause of Death, { First (Primary,) Second (Immediate,) }

Pulmonary Consumption

Duration of Last Sickness,

6 Mo

All the above information should be furnished by the Physician.

Place of Burial,

Shoop & Condit

Date of Burial,

Sept 24th 1877

Undertaker,

John S. Washer

Place of Business,

10151 Camden

J. H. Curney, M. D.
Medical Attendant.

Address 76d Race St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 20931,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Sept 23rd 1877

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Ursula Chase

Sex, ~~Male~~ Female,

Cross out the words not required in this line.

Age,

2 Years,

2 Months,

20 Days

Color,

Black

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in United States, if of foreign birth.)

Balto City

Duration of Residence in the City of Baltimore,

Life

Place of Death,

Give street and number.

No 2 Canal St. Court

Cause of Death,

First (Primary),

Heavy Cold. Catarrh on Throat

Second (Immediate),

Dropsy

Duration of Last Sickness,

2 months

All the above information should be furnished by the Physician.

Place of Burial,

Laurel Cemetery

Date of Burial,

Sept 24th 1877

James A. Stearns, M. D.

Undertaker,

Theodore J. Lock

Place of Business,

Jefferson St

Address, Commis of Health

Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by, Henrietta Reed, her Grandmother

Permit No. 20932

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

CERTIFICATE OF DEATH.

Date of Death,

September 22nd 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Isabella Stinchcomb

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Female

Age, 19 Years,

Months,

Days.

Color, White

Sex,

Female

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Single

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Baltimore Md

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give street and number. }

554 West Baltimore St

Cause of Death, { First (Primary,) Second (Immediate.) }

Gastro enteritis with Typhoid Fever
Two weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Sept 24 1877

{ Undertaker, J. B. Blackistonson

{ Place of Business, 606. Pratt St

Address

E. Gover Cox M. D.
Medical Attendant.

289 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

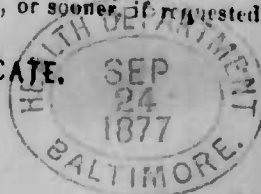
Permit No. 20933

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, Sept 22. 77

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Louise Kumpf

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 52 Years, Months, Days.

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 35 yrs

Place of Death, { Give street and number. } 101 N Fremont St

Cause of Death, { First (Primary,) Heart disease
Second (Immediate,) Syncope }

Duration of Last Sickness, few minutes - dead when I arrived

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, September 24. 77

{ Undertaker, Peter Kumpf } { Address, 311 Mulberry St } { Medical Attendant, J. H. Caspary M. D. }

{ Place of Business, 311 Mulberry St }

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

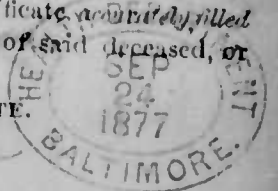
Board of Health, City of Baltimore,
OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20934

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *and is to be filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.*

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *Sunday Sept 23rd 1877*
Full Name of Deceased, *Barbara Hetzke*
Sex, Male or Female, *Female*
Age, *14* Years, *14* Months, *14* Days
Color, *White*
Married, Single, Widow or Widower, *Single*
Occupation, *None*
Birthplace, *Balt*
Duration of Residence in the City of Baltimore, *all her life*
Place of Death, *248 N. Canal Street*
Cause of Death, *Gastro Enteric Catarrh*
Exhaustion
Duration of Last Sickness, *Two (2) weeks*
Place of Burial, *St. Albans Ch.*
Date of Burial, *Sept 24th 1877*
Undertaker, *Mary Beck*
Place of Business, *320 Canal St.*
Address, *Dr. J. S. H. Smith M.D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 2093.57

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

Sept 23 / 77

Full Name of Deceased,

Noah Bratt

Sex, Male or Female,

Male

Age,

58

Years,

Months,

Days.

Color,

White

Married, Single, Widowed or Widower,

Single

Occupation,

Engineer

Birthplace,

England

Duration of Residence in the City of Baltimore,

50 Years

Place of Death,

697 W Lombard

Cause of Death,

Cancer of Stomach

Exhaustion

Duration of Last Sickness,

one month

All the above information should be furnished by the Physician.

Place of Burial,

Green Mount

Date of Burial,

Sept 26th 1877

Undertaker,

Wm. Strang, Denny

Place of Business,

263 Light St

Address

680 N. Fay. Balt-

M. R. Quinn, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

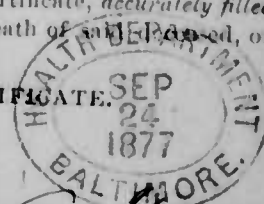
Permit No. 20936

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of any person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *September 23. 9 A. M. 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Catherine Gaber*

Sex, Male or Female, { Cross out the word not required in this line. } *Female*

Age, *8* Years, _____ Months, *2 weeks*

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } _____

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore*

Duration of Residence in the City of Baltimore, *since birth*

Place of Death, { Give street and number. } *310 Lancaster St*

Cause of Death, { First (Primary,) Second (Immediate,) } *Dropsy.*

Duration of Last Sickness, *4 weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Trinity Cemetery*

Date of Burial, *24 September 1877*

Undertaker, *John C. Schuch*

Place of Business, *265 Wisconsin*

Address _____

Abraham B. Arnold, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 20937

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *Sept. 23rd 1877*
Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. *Margaret E. Shutt*
Sex, Male or Female, Cross out the word not required in this line. *Female*
Age, *21* Years, *1* Months, *20* Days.
Color, *White*
Married, Single, Widow or Widower, Cross out the words not required in this line. *Married*
Occupation, *None*
Birthplace, State or country (and how long in the United States, if of foreign birth.) *Baltimore Md.*
Duration of Residence in the City of Baltimore, *Since birth*
Place of Death, Give street and number. *18 Patterson Park Avenue*
Cause of Death, First (Primary.) *Phthisis Pulmonalis*
Second (Immediate.)
Duration of Last Sickness, *3 mos.*
All the above information should be furnished by the Physician
Place of Burial, *Balto Cemetery*
Date of Burial, *Sept 25th 1877*
Undertaker, *High's Va*
Place of Business, *65 S. Broadway*
Address, *James J. Hane M. D. Medical Attendant. 65 S. Broadway*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20938

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of any person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, Sept 22

Full Name of Deceased, Margaret Jackson

Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, ~~Male~~ Female

Cross out the words not required in this line.

Age, 25

Years,

Months,

Days

Color, White

Married, ~~Single~~ Widowed

Cross out the words not required in this line.

Occupation,

Birthplace, Baltimore, Maryland

State or country (and how long in United States, if of foreign birth.)

Duration of Residence in the City of Baltimore, 10 years

Place of Death, No 215 E. Pratt St

Give street and number.

Cause of Death, Consumption

First (Primary),
Second (Immediate),

Duration of Last Sickness, 18 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Tuesday 23rd inst

Undertaker, J. H. Brown

Place of Business, 107 Fayette St

Geo. H. Hayson M.D.
Medical Attendant.

Address, 18 Acquit St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

COVER. D

Board of Health, City of Baltimore,

Permit No. 20939

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Sept. 23, 1877
Helen J. Jenkins

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, 33 Years, 10 Months, 11 Days.

Color,

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

No. 100 Park Ave

Cause of Death, { First (Primary), Second (Immediate), }

Leucocythemia
about 6 months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cemetery

Date of Burial, 25 Nov 1877

Philip Jenkins M. D.
Medical Attendant.

Undertaker, Mr. Jenkins

Place of Business, 16 Light St

Address 1 Cathedral St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

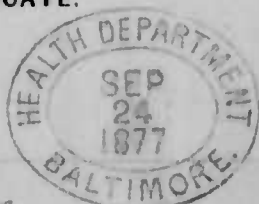
OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20940

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

September 23rd 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sarah Hanway

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

74

Years,

Months,

18

Days.

Color,

white

Sex,

Female

Married, ~~Single~~, Widow or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Philadelphia Penn

Duration of Residence in the City of Baltimore,

3 years

Place of Death, { Give street and number. }

363 Madison Avenue

Cause of Death, { First (Primary), Second (Immediate), }

Old Age

Duration of Last Sickness,

Six months

All the above information should be furnished by the Physician.

Place of Burial,

Morgantown

A. T. Bell

M. D.

Date of Burial,

Medical Attendant.

{ Undertaker, *Mr. Jenkins & Son*
Place of Business, *16 Light St*

Address 306 Madison Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 888

[OVER]

Board of Health, City of Baltimore,

Permit No. 20941.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, 23 Sept. 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Daniel Snyder

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 56 Years,

Color, white

Sex,

Months,

Days.

~~Married~~, Single, ~~Widow~~, { Cross out the words not required in this line. }

Occupation, Farmer

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Gerhardsburg, Prussia

Duration of Residence in the City of Baltimore, 30 years

Place of Death, { Give street and number. } 36 S. Eutaw St.

Cause of Death, { First (Primary,) Second (Immediate,) } Bright Disease.

Duration of Last Sickness, 5-6 months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Sept 25th

{ Undertaker, Wm J. Tickner

{ Place of Business, 65 S. Eutaw St. Address

Wm J. Tickner

M. D.

Medical Attendant.

55 S. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

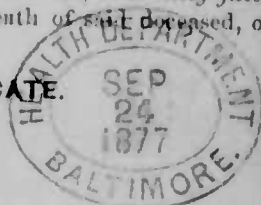
Board of Health, City of Baltimore,

Permit No. 20944

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of ~~the~~ deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 1 Years, 2 Months, Days.

Color, Black Sex, Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, 25 Sep 1877

Undertaker, The Sacks

Place of Business, 56 Jefferson St

Wm. A. Hill M. D.
Medical Attendant.

Address 56 N. Bond St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,
Permit No. 20943

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 24th 1877

Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents. Mary Panautschek

Sex, ~~Male~~ or Female, Cross out the word not required in this line.

Age, 30 Years,

Months,

Days.

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, Cross out the words not required in this line.

Occupation,

Birthplace, State or country (and how long in the United States, if of foreign birth.) Bohemia

Duration of Residence in the City of Baltimore, 6 years

Place of Death, Give street and number. 282 N. Wall St.

Cause of Death, First (Primary,) Phthisis tuberculosa pulmonum
Second (Immediate,) Marasmus

Duration of Last Sickness, 1/2 year

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, 25th of September.

Undertaker, Adam Fink

Place of Business, 461 N. Gay St.

Address 245 N. Baltimore St.

J. Matthews, M.D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

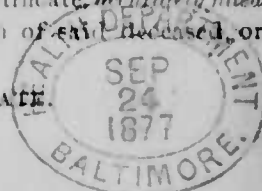
Board of Health, City of Baltimore,

Permit No. *20944*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of *said deceased*, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *September 24th 1877*

Full Name of Deceased, *Lillie May Taylor* { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, *Male or Female*, *Female* { Cross out the words not required in this line. }

Age, *1* Years, *7* Months, *6* Days

Color, *White*

Married, *Single, Widow or Widower*, *Single* { Cross out the words not required in this line. }

Occupation, *None*

Birthplace, *Baltimore, Md.* { State or country (and how long in United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore, *Since Birth*

Place of Death, *1013 Miller St Baltimore* { Give street and number. }

Cause of Death, *Marasmus* { First (Primary,) Second (Immediate,) }

Duration of Last Sickness, *Six weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Green Mount*

Date of Burial, *Sept 25th 1877*

Undertaker, *Henry W. Meacham*

Place of Business, *115 N. Bay St*

J. Ridgway Andre M. D.
Medical Attendant.
Address, *No 121 E. Baltimore*

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

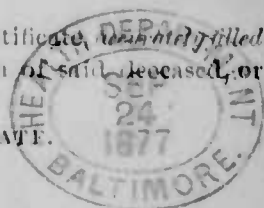
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20945

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ^{carefully filled} out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

Sept 24 1877

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

John Edward Petticord

Sex, Male or ~~Female~~

Cross out the words not required in this line.

Age,

Years,

Months,

5

Days

Color,

white

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace, (State or country (and how long in United States, if of foreign birth.)

Balt City

Duration of Residence in the City of Baltimore,

Life

Place of Death, (Give street and number.)

314

William St

Cause of Death,

First (Primary.)

Second (Immediate.)

Convulsions

Duration of Last Sickness,

one day

All the above information should be furnished by the Physician.

Place of Burial,

Balt Cemetery

Date of Burial,

Sept 25 1877

James A. Stearns M.D.

Undertaker,

B. Harlow

Place of Business,

Light St

Address, Commis of Health

Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Albert Petticord (VER.)
his father

Death of *Thomas Colburn*, City of Baltimore,

Permit No. *20946*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE



CERTIFICATE OF DEATH.

Date of Death, *10th 10th P.M. 23rd September, 1877.*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Thomas Colburn*

Sex, *Male* { Cross out the word not required in this line. }

Age, *Fifty-seven* Years, *Four* Months, *Thirteen* Days.

Color, *White* Sex, *Male*

Married, *Single* { Cross out the words not required in this line. } *Married*

Occupation, *Stone Mason*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Middletown, County. Armagh, Ireland.*

Duration of Residence in the City of Baltimore, *38 years*

Place of Death, { Give street and number. } *207 Hoffman St, Baltimore City*

Cause of Death, { First (Primary,) Second (Immediate,) } *Dysentery*

Duration of Last Sickness, *Nearly one month.*

All the above information should be furnished by the Physician.

Place of Burial, *Green Mount Cemetery* *Wm. J. Shook* M. D. Medical Attendant.

Date of Burial, *Wednesday 26th 96*

{ Undertaker, *Thos. W. Hughes* Address *83 Franklin St*

{ Place of Business, *60 E. Baltimore*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

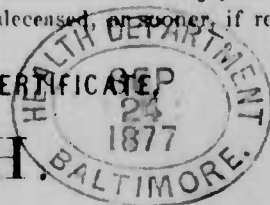
OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20947

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or *sooner*, if requested to do so, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, Sept 24, 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Math Anderson Walk

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 1 Years, 5 Months, 4 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word is not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, since birth

Place of Death, { Give street and number. } N 99 S Epton St

Cause of Death, { First (Primary,) Second (Immediate,) } Chronic Gastro-Intestinal

Duration of Last Sickness, one week

All the above information should be furnished by the Physician

Place of Burial, Green Mount Cemetery

Date of Burial, Sept 26th 1877

Undertaker, Wm. J. Hughes

Place of Business, 60 E Balto St. Address 238 Madison Ave

Amos A. Mudge M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 20948

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, 24th Sept 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Jessie L. Ireland

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, _____ Years, _____ Months, 9 Days.

Color, White

~~Married~~ Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, 9 days.

Place of Death, { Give street and number. } 99 N Stricker St.

Cause of Death, { First (Primary,) Second (Immediate,) } Inanition

Duration of Last Sickness, _____

All the above information should be furnished by the Physician.

Place of Burial, Linden Park

Date of Burial, Sept 26 1877

{ Undertaker, Hughes & Co } Address 274 Madison Ave

{ Place of Business, Fayette St }

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

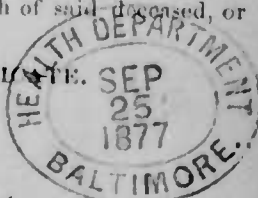
Board of Health, City of Baltimore,

Permit No. *20949*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

September 24th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Christina Prisinger

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Female

Age, *one* Years, *7* Months, *---* Days.

Color, *White*

~~Married, Single, Widowed or Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore City

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give street and number. }

No 338 Caroline St (South)

Cause of Death, { First (Primary,) Second (Immediate,) }

Marasmus.

Duration of Last Sickness,

Three months

All the above information should be furnished by the Physician.

Place of Burial, *Balto Cemetery*

Date of Burial, *September 26*

{ Undertaker, *W. C. Watchman*

{ Place of Business, *191 S Bond St*

Thomas J. Evans, M. D.
Medical Attendant.

Address *No 22 Jackson Place.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 20950

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Sep 24 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Mary Robinson,

Sex, Male or Female, { Cross out the word not required in this line. }

Female,

Age,

33

Years,

Months,

Days.

Color,

Negro,

Sex,

Female

Married, Single, Widowed or Widower, { Cross out the words not required in this line. }

Occupation,

Cook

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Princess Anne, Md

Duration of Residence in the City of Baltimore,

15 years

Place of Death, { Give street and number. }

44 Hammond Lane,

Cause of Death, { First (Primary,) Second (Immediate,) }

Laceration of Uterus + Rupture, Exhaustion

Duration of Last Sickness,

13 months

All the above information should be furnished by the Physician.

Place of Burial,

St. James Church

Date of Burial,

Sept 25, 1877

J. L. Hyle M. D.
Medical Attendant.

{ Undertaker,

W. B. Chase

{ Place of Business,

78 Howard St

Address

247 Lawrence St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20957

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *September 23rd 1897*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *William Edward Lucas*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, *about 30* Years, *—* Months, *—* Days.

Color, *Black* Sex, *—*

Married, ~~Single~~, ~~Widow~~, ~~Widower~~, { Cross out the words not required in this line. } *Married*

Occupation, *Labour*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Maryland*

Duration of Residence in the City of Baltimore, *Twelve years*

Place of Death, { Give street and number. } *No 14 Little Broadway*

Cause of Death, { First (Primary,) Second (Immediate,) } *Pneumonia*

Duration of Last Sickness, *Eight days*

All the above information should be furnished by the Physician.

Place of Burial, *Dallas Cemetery*

Date of Burial, *Sept 24th*

{ Undertaker, John W. Locks

{ Place of Business, 59 S. Wolfe St

John S. Lynch M. D.
Medical Attendant.

Address *S. E Broadway + Pratt St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20952

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Sept 22 1877

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Elbury Miller

Sex, Male ~~Female~~

Cross out the words not required in this line.

Age,

6 2 Years,

Months,

Days

Color,

Black

~~Married~~ Single, ~~Widow~~ ~~Widower~~

Cross out the words not required in this line.

Occupation,

Corker

Birthplace,

State or country (and how long in United States, if of foreign birth.)

Eastern Shore Md

Duration of Residence in the City of Baltimore,

50 years

Place of Death,

Give street and number.

1 Hoag Alley

Cause of Death,

First (Primary).

Second (Immediate).

Consumption

Duration of Last Sickness,

One year

All the above information should be furnished by the Physician.

Place of Burial,

Dallas St Cemetery

Date of Burial,

Sept 25 1877

Undertaker,

Theo I Locks

Address,

Councils of Health

Place of Business,

Jefferson St

Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Theodore I. Locks
Undertaker

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20953,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *Sept 23 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *David Linnant*

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, *33* Years, Months, Days.

Color, *White* Sex, *Male*

~~Married~~ Single, ~~Widow~~ ~~or Widower~~, { Cross out the words not required in this line. }

Occupation, *Merchant*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore*

Duration of Residence in the City of Baltimore, *Life*

Place of Death, { Give street and number. } *23 Linden Av.*

Cause of Death, { First (Primary,) Second (Immediate,) } *Central Hemorrhage*

Duration of Last Sickness, *Three days*

All the above information should be furnished by the Physician.

Place of Burial, *Green Mount*

Date of Burial, *Sept 26th 1877*

F. J. Miles M. D. Medical Attendant.

{ Undertaker, *Chas T Scriven* Address *24 Cathedral*

{ Place of Business, *171 A. Eutaw St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. *20957*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four* hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Sept-24 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Alexander Smith

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age,

48

Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

married

Occupation,

Coal dealer

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Germany

Duration of Residence in the City of Baltimore,

24 years

Place of Death, { Give street and number. }

140 Haver

Cause of Death, { First (Primary,) Second (Immediate,) }

Consumption of the Lungs

Duration of Last Sickness,

15 months

All the above information should be furnished by the Physician.

Place of Burial,

Okeh Tholam Cemetery

Date of Burial,

Sept 26th 77

Abram B. Howard M. D.
Medical Attendant.

Undertaker,

Wm. E. Law

Place of Business,

101 Gough St

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20955

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *Sept 24 1877*

Full Name of Deceased, *Frederick W. Loring* Write legibly and spell correctly. If an infant not named, give names of parents.

Sex, Male or Female, *Male* Cross out the word not required in this line.

Age, *40* Years, *0* Months, *0* Days.

Color, *White* Sex, *Male*

Married, Single, Widow or Widower, *Single* Cross out the words not required in this line.

Occupation, *Storekeeper*

Birthplace, *Baltimore* State or country (and how long in the United States, if of foreign birth.)

Duration of Residence in the City of Baltimore, *During life*

Place of Death, *42 Pelland St* Give street and number.

Cause of Death, *Ulceration of bowels* First (Primary), Second (Immediate.)

Duration of Last Sickness, *Two months*

All the above information should be furnished by the Physician.

Place of Burial, *Baltimore Cemetery*

Date of Burial, *Sept 26th 1877*

Undertaker, *Jay & Bro*

Place of Business, *54 N Broadway*

Address *No 41 High St*

W. H. Siffert M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20956

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Sept 24 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

William Henry Williams

Sex, Male ~~Female~~

{ Cross out the words not required in this line. }

Age,

Years,

3

Months,

11

Days

Color,

col'd

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

Life

Place of Death,

{ Give street and number. }

98 Mill St

Cause of Death,

{ First (Primary.) }

Rheumatism

{ Second (Immediate.) }

Marasmodia

Duration of Last Sickness,

all its life

All the above information should be furnished by the Physician.

Place of Burial,

E. Pub Cemetery

Date of Burial,

Sept 25 1877

Undertaker,

C. Shepper

Place of Business,

Pratt St

Address,

Commissioner of Health

Highway

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Ann Maria Williams its mother

Board of Health, City of Baltimore,

Permit No. 20957

(20957)

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, Sept-23rd 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Carry Wesley White

Sex, Male or Female, { Cross out the words not required in this line. }

Age, 47 Years,

Months,

Days

Color, Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Laborer

Birthplace, { State or country (and how long in United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore, 47 years

Place of Death, { Give street and number. }

131 Bow St

Cause of Death, { First (Primary), }

Anti-Rheumatism

{ Second (Immediate), }

Heart Disease

Duration of Last Sickness, 8 months

All the above information should be furnished by the Physician.

Place of Burial, Ashbury Cemetery

Date of Burial, Sept 25

{ Undertaker, William A. Longme

{ Place of Business, 62 East St

Wm. L. Rumer M.D.
Medical Attendant.

Address, Broadway & Madison St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 20958

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *Sept. 25th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Gertrude R. D. Patterson*

Sex, *Male* or Female, { Cross out the word not required in this line. }

Age, *58* Years, *1* Months, *1* Days.

Color, *White* Sex, *Female*

Married, *Single*, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Hanstadt Germany*

Duration of Residence in the City of Baltimore, *31 years*

Place of Death, { Give street and number. } *17 W. Arlington Ave*

Cause of Death, { First (Primary,) Second (Immediate,) } *Croup Colic Intussusception*

Duration of Last Sickness, *1 week*

All the above information should be furnished by the Physician.

Place of Burial, *Baltimore Cemetery* *F. V. Benson* M. D.
Date of Burial, *Sept 24th 1877* Medical Attendant.

{ Undertaker, *J. B. Cook* Address *187 Hollins St*

{ Place of Business, *No 704 W Baltimore Street*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

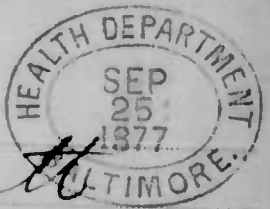
Permit No. **20959**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, **Sept 24th 1877**

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } **William Barrett**

Sex, Male or Female, { Cross out the word not required in this line. } **Male**

Age, **5** Years, **9** Months, **1** Days.

Color, **White** Sex, **Male**

~~Married~~, Single, ~~Widow~~, ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } **Maryland**

Duration of Residence in the City of Baltimore, **Life**

Place of Death, { Give street and number. } **83 S. Popperton St**

Cause of Death, { First (Primary), Second (Immediate), } **Diphtheria**

Duration of Last Sickness, **6 days**

All the above information should be furnished by the Physician.

Place of Burial, **St Peter's Cemetery Thomas J. O'Neil M. D.**

Date of Burial, **Sept 25**

Undertaker, **J. B. Cook**

Place of Business, **407 West Baltimore** Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. *20960*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *Sept 22nd, 1877* *Agues*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Mrs. Mary Osendorf Agnes.*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *39* Years, Months, Days.

Color, *White*

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Prussia*

Duration of Residence in the City of Baltimore, *Four years*

Place of Death, { Give street and number. } *292 S. Dallas St.*

Cause of Death, { First (Primary.) Second (Immediate.) } *Phthisis Pulmonalis*

Duration of Last Sickness, *5 mos.*

All the above information should be furnished by the Physician.

Place of Burial, *St. Stephen's*

Date of Burial, *Sept. 23rd*

{ Undertaker, *W. Funk* Place of Business, *1135 Baiter* }

Address *243 Alice Anna St.*

John H. Rehberg M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 20961

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *Monday Sept 24th 1877*
 Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Kate G. Grant,*
 Sex, Male or Female, { Cross out the word not required in this line. } *Female*
 Age, *2* Years, *8* Months, *9* Days.
 Color, *White*
 Married, Single, Widow or Widower, { Cross out the word not required in this line. } *Married*
 Occupation, *-*
 Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Harford Co. Md.*
 Duration of Residence in the City of Baltimore, *Two years.*
 Place of Death, { Give street and number. } *#120 Jefferson St.*
 Cause of Death, { First (Primary) Second (Immediate) } *Phtisis Pulmonalis, Actinmia*
 Duration of Last Sickness, *Several months.*
All the above information should be furnished by the Physician
 Place of Burial, *Wesleybury*
 Date of Burial, *Sept 24 1877*
 Undertaker, *Wm. H. Lickman*
 Place of Business, *234 E. Gay St.*
 Address *#254 Government Ave.*
Wolmar Brinton M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 20962

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four* hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

CERTIFICATE OF DEATH.



Date of Death, *Sept 24th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Frank Leonard Pugh*

Sex, Male ~~or~~ Female, { Cross out the word not required in this line. }

Age, *2* Years, *0* Months, *2* Days.

Color, *White* Sex, *Male*

Married, Single, Widow ~~or~~ Widower, { Cross out the words not required in this line. }

Occupation, *None*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *In 122 Columbia Ave. B.C.*

Duration of Residence in the City of Baltimore, *Since Birth*

Place of Death, { Give street and number. } *No 122 Columbia Ave.*

Cause of Death, { First (Primary,) Second (Immediate,) } *Funeral Pugh*

Duration of Last Sickness, *None*

All the above information should be furnished by the Physician.

Place of Burial, *Trinity Episcopal Cemetery*

Date of Burial, *September 25th 1877* *Pauline M. Hemmell* M. D. Medical Attendant.

{ Undertaker, *Charles J. Hemmell* Place of Business, *122 Columbia Ave.*

Address *122 Columbia Ave.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *20963,*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Sept 25. 1897

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Harry Santer

Sex, *Male or Female*, { Cross out the words not required in this line. }

Age, *48 or 50*, Years,

Months,

Days

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

unknown

Occupation,

Tramp

Birthplace, { State or country (and how long in United States, if of foreign birth.) }

unknown

Duration of Residence in the City of Baltimore,

11

Place of Death, { Give street and number. }

*an alley in rear of Park St
believed to be Enteric fever,*

Cause of Death, { First (Primary,) }

Second (Immediate,)

unknown

Duration of Last Sickness,

11 has found dead

All the above information should be furnished by the Physician.

Place of Burial,

W. Park Cemetery

Date of Burial,

Sept 25 1897

George Ayley Cronan

M. D.

Medical Attendant.

{ Undertaker,

J. A. Kerchner

Address,

{ Place of Business,

Conallton

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

D A K S A F E

Board of Health, City of Baltimore,

Permit No. 20964

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Sept. 24, 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

James Neal

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, Five Years,

Color, Black Months, Female Days.

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Kent Co. Md.

Duration of Residence in the City of Baltimore,

One yr.

Place of Death, { Give street and number. }

26 Chestnut St.

Cause of Death, { First (Primary,) Second (Immediate,) }

Dropsy

Duration of Last Sickness,

One month

All the above information should be furnished by the Physician.

Place of Burial, E. Pub. Cemetery

Date of Burial, Sept 25 1877

Undertaker, C. Shipley

Place of Business, Pratt St

J. H. Deland, M. D. Medical Attendant

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

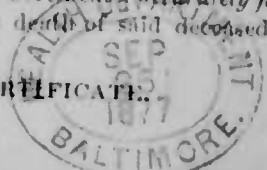
Permit No. 20965

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Sept. 24th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Eliza J. Mitchell

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age,

5

Years,

2

Months,

Days.

Color,

Dark

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Kent Co. Md.

Duration of Residence in the City of Baltimore,

47 years

Place of Death, { Give street and number. }

41 Seadenhall St.

Cause of Death, { First (Primary), Second (Immediate), }

Periculous Intermittent Fever
One day

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp. St

Date of Burial, September 24

{ Undertaker, H. W. & S. Ross

{ Place of Business, 18 N. E. St

R. M. Hall M. D.
Medical Attendant.

Address

262 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 20966

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Sept 22 1901

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

M

May C Jones

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years,

Months,

10

Days.

Color,

colored

Married, Single, Widowed or Widower, { Cross out the words not required in this line. }

Occupation,

none

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Ball

Duration of Residence in the City of Baltimore,

all life

Place of Death, { Give street and number. }

44 Chesnut

Cause of Death, { First (Primary,) Second (Immediate,) }

Inflammation, very small spots
Cervicalis

Duration of Last Sickness,

Sick from birth

All the above information should be furnished by the Physician.

Place of Burial,

Saint Cemetery

Date of Burial,

Sept 25

{ Undertaker,

William Haysman

{ Place of Business,

32 South St

Edw J Davis

M. D.

Medical Attendant.

Address

Corcoran St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. *20967*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the *death* of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *Sept. 24th, 1877*

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. *Margarith Jaeger*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *83* Years, Months, Days.

Color, *White*

Married, ~~Single~~, Widow or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Bavaria, Germany.*

Duration of Residence in the City of Baltimore, *36 years*

Place of Death, { Give street and number. } *244 S. Dallas St.*

Cause of Death, { First (Primary.) Second (Immediate,) } *Old age*

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, *S. Paul's Cemetery*

Date of Burial, *Sept. 26th 1877* *John H. Rehberger* M. D. Medical Attendant.

{ Undertaker, *Henry Sander*

{ Place of Business, *232 Canton St.* Address *243 Alice-Anne St.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *20968*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

September 24th

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Joanna Langley

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Age,

One

Years,

Eight

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give street and number. }

No 1 Schell's Court

Cause of Death,

{ First (Primary.) }

Diarrhea

{ Second (Immediate.) }

Duration of Last Sickness,

Three Months

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore Cemetery

Date of Burial,

Sept. 25th

Undertaker,

Henry Brice

Place of Business,

Henretta 8187

Address

*Southern Dispensary
45 Conway St*

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *20969*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *Sept 24*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Julia W Mallone*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } *Female*

Age, *7* Years, *1* Months, *20* Days.

Color, *White*

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. } *Single*

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Balto*

Duration of Residence in the City of Baltimore, *all life*

Place of Death, { Give street and number. } *372 McHenry*

Cause of Death, { First (Primary.) } *Diphtheria*
{ Second (Immediate,) } *Septic*

Duration of Last Sickness, *5 Days*

All the above information should be furnished by the Physician

Place of Burial, *Mount Olivet C*

Date of Burial, *Sept 25, 1877*

{ Undertaker, *J. B. Blackiston & son*

{ Place of Business, *606 Batt st* Address *55 N Green St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *20970*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four* hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *Sept 25th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Mary Connor*

Sex, *Male* or Female, { Cross out the word not required in this line. } *Female*

Age, *40* Years, _____ Months, _____ Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Single*

Occupation, *Servant*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Ireland*

Duration of Residence in the City of Baltimore, *Unknown*

Place of Death, { Give street and number. } *Washington University Hospital*

Cause of Death, { First (Primary), Second (Immediate), } *Complication of Croup.*
Bronchial Catarrh & Heart trouble

Duration of Last Sickness, *Two Weeks*

All the above information should be furnished by the Physician.

Place of Burial, *New Cathedral*

Date of Burial, *Sept 26th 1877*

{ Undertaker, *Dr. F. Byrne*

{ Place of Business, *Liberty St*

Chas. B. Leach M. D.
Resident Physician Medical Attendant.

Address *Wash. Univ. Hospital*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 20971

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, Sept 25th 77

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Rosetta Bryon

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, _____ Years, 1 Months, 20 Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Md

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } St Bingen St

Cause of Death, { First (Primary,) Second (Immediate,) } Inanition

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 26

{ Undertaker, William H. Dwyer

{ Place of Business, 62 East St

J. Miller

M. D.

Medical Attendant.

Address 87 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20972

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, September 25th 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George - Arthur Burton

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, Years, 17 Months, 7 Days.

Color, Colored -

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Balt^y City -

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 134 Lee St^y

Cause of Death, { First (Primary.) } Catarrh of fever -
{ Second (Immediate.) } " "

Duration of Last Sickness, four days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, September 26

{ Undertaker, Richard Boss

{ Place of Business, 1018 W. 1st St. Yt

J. A. Bell M. D.
Medical Attendant.

Address 161 Sharp St^y

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 20973

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, Sept. 23. 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Alexander Horn

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, 39 Years, 11 Months, 19 Days.

Color, White - Sex, _____

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Stone Cutter

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Scotland - since infancy

Duration of Residence in the City of Baltimore, _____

Place of Death, { Give street and number. } 72 York St (Patterson Ave)

Cause of Death, { First (Primary,) Bright's Disease
Second (Immediate,) _____

Duration of Last Sickness, abt 2 months

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Sept 27th 1877

{ Undertaker, Jacob Weaver

{ Place of Business, No 426 David Hill Avenue

C. F. Deane M. D.
Medical Attendant.

Annals St - London Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No.

20974

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

Sept. 23^d 1877

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Martha J. Thomas.

Sex, ~~Male~~ or Female,

Cross out the word not required in this line.

Age,

1 Years,

7 Months,

Days.

Color,

Black.

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore City

Duration of Residence in the City of Baltimore,

13 Months

Place of Death,

Give street and number.

226 Hamburg St.

Cause of Death,

First (Primary).

Second (Immediate).

Diphtheria

Duration of Last Sickness,

One week.

All the above information should be furnished by the Physician.

Place of Burial,

Lamar Cemetery

Date of Burial,

Sept 26th

Undertaker,

James Davis

Place of Business,

103 Lee St

Address

Southern Dispensary

J. W. White

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

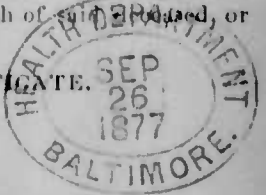
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20975

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, Sept. 25 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Charles G. Schmidt

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 1 Years, 10 Months, 4 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } —

Occupation, —

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } City

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number. } 44 Jackson St.

Cause of Death, { First (Primary,) Hooping Cough.
Second (Immediate,) } Oedema of Lungs. (Dropsy)
4 months

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel.

Date of Burial, Sept 26. 1877

{ Undertaker, H. Hofmann.
Place of Business, 63 N. Eden St. }

Address, —

Abram B. Aucock M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20976

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Sept. 25th 1877.

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Sarah E. Harris

Sex, ~~Male~~ Female,

Cross out the word not required in this line.

Age,

38 Years,

9 Months,

Days.

Color,

White.

Married, ~~Single~~ Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore City

Duration of Residence in the City of Baltimore,

Since birth.

Place of Death,

Give street and number.

247 N. Bond St.

Cause of Death,

First (Primary)

Rectal fistula, perineal abscess, erysipelas & abortion

Second (Immediate)

Septicemia

Duration of Last Sickness,

Nine days

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore Cemetery

Date of Burial,

Sept. 27th 1877

Aug. F. Esick

M. D.

Medical Attendant.

Undertaker,

Stewart & Mower

Place of Business,

35 Park Ave.

Address

94 S. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20977

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Sept 25th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Augusta Strong

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

7 Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Balto City

Duration of Residence in the City of Baltimore,

life

Place of Death, { Give street and number. }

6 Ridgely St

Cause of Death, { First (Primary,) Second (Immediate,) }

Eating grapes
Convulsions

Duration of Last Sickness,

3 hours

All the above information should be furnished by the Physician.

Place of Burial,

Western Cemetery

Date of Burial,

27 of Sept 1877

Undertaker,

Ph. Seward

Place of Business,

35 S. Eutan St

Address

762 Paca St

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 20978

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH



Date of Death,

September 25-77

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Sallie Chesley

Sex, ~~Male~~ or Female,

Cross out the word not required in this line.

Age,

4

Years,

0

Months,

Days.

Color,

Sex,

White

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

West River A-a co. Md.

Duration of Residence in the City of Baltimore,

Long years

Place of Death,

Give street and number.

144 North Carey

Cause of Death,

First (Primary,)

Second (Immediate,)

Diphtheria
True Diph

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Green Mount

Date of Burial,

Sept 26th 1877

Undertaker,

Jacob Weaver

Place of Business,

No 426 Druid Hill Ave

W. C. Adams M. D.

Medical Attendant.

Address 130 Arling Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20979

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Sept. 25

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Virgin Gray

Sex, ~~Male~~ or Female,

{ Cross out the words not required in this line. }

Age,

11

Years,

5

Months,

Days

Color,

Black

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in United States, if of foreign birth.) }

Calverton Co Md

Duration of Residence in the City of Baltimore,

4 years

Place of Death,

{ Give street and number. }

10 Beach all

Cause of Death,

{ First (Primary,)

Second (Immediate,)

Pneumonia

Duration of Last Sickness,

2 weeks

All the above information should be furnished by the Physician.

Place of Burial,

Calverton Co Md

Date of Burial,

Sept-27 1894

Undertaker,

W. H. G. G. G.

Place of Business,

2079 Howard St

Sheldon Cook M. D.
Medical Attendant.

Address, 146 Howard St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 886,

[OVER.]

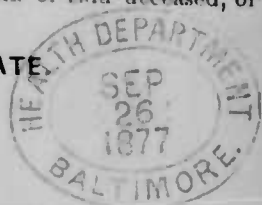
Board of Health, City of Baltimore,

Permit No. 20980

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE



CERTIFICATE OF DEATH.

Date of Death,

Sept. 24th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Alfred Butler

Sex, Male or ~~Female~~,

Cross out the word not required in this line.

Age,

Fifty-eight Years,

Months,

Days.

Color,

Black

Sex,

Married, ~~Single~~, ~~Widow~~, ~~Widower~~,

Cross out the words not required in this line.

Occupation,

Labourer -

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Calvert Co. Md.

Duration of Residence in the City of Baltimore,

Twenty Years.

Place of Death,

Give street and number.

Cor. Elder & More st.

Cause of Death,

First (Primary),

Second (Immediate),

Heart-disease -

Dropsy

Duration of Last Sickness,

Eighteen Months.

All the above information should be furnished by the Physician.

Place of Burial,

Laurel Cemetery

Date of Burial,

Sept 28. 77

F. B. Gardner

M. D.

Medical Attendant.

Undertaker,

W. B. Gardner

Place of Business,

120 W. Greene st.

Address

120 W. Greene st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 20981

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

20th September

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Mary A. Brooks

Sex, ~~Male~~ or Female,

Cross out the words not required in this line.

Age,

8 1/2

Years,

Months,

Days

Color,

Black.

~~Married~~, Single, Widow or ~~Widower~~,

Cross out the words not required in this line.

Occupation,

Nurse

Birthplace,

State or country (and how long in United States, if of foreign birth.)

Calumet Co. Ind.

Duration of Residence in the City of Baltimore,

2 1/2 years or more

Place of Death,

(Give street and number.)

69 Wilconia Alley

Cause of Death,

First (Primary),

Second (Immediate),

Apoplexy

Duration of Last Sickness,

15 months since first attack

All the above information should be furnished by the Physician.

Place of Burial,

St. James Church

Date of Burial,

Sept 28 1897

Undertaker,

W. H. Chase

Place of Business,

18 Howard St

Thermon Brooks M.D.

Medical Attendant.

Address, 146 Hancock St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

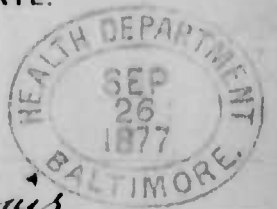
OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20982

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Sept. 25th / 77

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Frederic W. Georgius

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 15 Years,

10

Months,

Days.

Color,

white

Sex,

male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Barber

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Balt. Md

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

119 Lexington St
valvular Disease of Heart
dropsy
3 weeks

Cause of Death, { First (Primary,)
Second (Immediate.) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 26th

{ Undertaker, Conrad Kunkel.

{ Place of Business, 60 Park Ave

G. Lieberman M. D.
Medical Attendant.

Address

68 N. Tenth

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20983

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Sept. 25 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Estella Jackson

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, Years, 13 Months, Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Balto.

Duration of Residence in the City of Baltimore,

During life

Place of Death, { Give street and number. }

850 Bush St.

Cause of Death, { First (Primary,) Second (Immediate,) }

Tuberculous Meningitis
3 months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, September 26

{ Undertaker, Hercules Ross

{ Place of Business, 1018 Market St

A. M. Hall M. D.
Medical Attendant.

Address

262 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20984

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Sex, Male or Female,

Cross out the word not required in this line.

Age,

25 years Years,

Months,

Days.

Color,

White

Sex,

Female

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore City

Duration of Residence in the City of Baltimore,

Life

Place of Death,

Give street and number.

61 Columbia Ave

Cause of Death,

First (Primary.)

Second (Immediate.)

Cancer of Stomach

Duration of Last Sickness,

2 months

All the above information should be furnished by the Physician.

Place of Burial,

London Park &

Date of Burial,

Sept 26, 1877

Undertaker,

J. B. Blackiston & Son

Place of Business,

606. Batt St

Address

Sharp & Co. Cor. Cherry

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore.

Permit No. *20988*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Sept. 24th 77

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Michel Harrington

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *5* Years, *5* Months, *14* Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Balto. Md

Duration of Residence in the City of Baltimore,

Lifetime

Place of Death, { Give street and number. }

16 Wilcox St.

Cause of Death, { First (Primary),
Second (Immediate). }

*Scarlet fever
3 days.*

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, *Holy Cross*

Date of Burial, *Sept 26 - 77*

{ Undertaker, *John J. Roden*
Place of Business, *Cir Greenmount
& Monument St*

Mr. Brooke Boyle M. D.
Medical Attendant.

Address *166 E. Eager St.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20986

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Sept 25th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Charles Rehn

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, Years, Months, Days.

White, 7

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

217 W Fayette St.

Cause of Death, { First (Primary,) Second (Immediate, }

Marasmus

Duration of Last Sickness,

1 Month

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, September 26

John A. Rehn, M. D. Medical Attendant.

Undertaker, John Trufel

Place of Business, 616 W. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

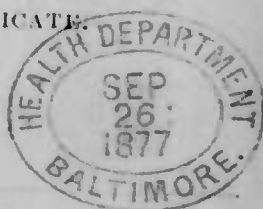
Permit No. 20987

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Sept 25th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Ellen Dunningan

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

16 Years,

Months,

Days.

Color,

white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Balto -

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

House of The Good Shepherd

Cause of Death, { First (Primary.) Second (Immediate.) }

Pulmonary Consumption

Duration of Last Sickness,

3 months

All the above information should be furnished by the Physician.

Place of Burial, St. Peter's Cemetery

Date of Burial,

Sept 26th 1877

Edw. S. Nicholson M. D.
Medical Attendant.

{ Undertaker, J. B. Cook -

{ Place of Business, Balto St near Schroeder

Address 279. W Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20988,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

of Death,

Sept 23rd 1877

Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

William Hall Gennett

Male ~~Female~~

{ Cross out the words not required in this line. }

8

Years,

Months,

20

Days

white

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Place of Birth,

Place,

{ State or country (and how long in United States, if of foreign birth.) }

Baltimore City

Place of Residence in the City of Baltimore,

Place of Death,

{ Give street and number. }

385 Franklin St

Cause of Death,

{ First (Primary.) }

Dysentery & Paralysis

Duration of Last Sickness,

8 weeks -

All the above information should be furnished by the Physician.

Place of Burial,

Balt. Comd

Date of Burial,

Sept 26th 1877

Mark Brewer M.D.
Medical Attendant.

Undertaker,

C. H. Blizzard

Address, 201 W. Biddle

Place of Business,

Pennington Ave

Copy for Kinney

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, if the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

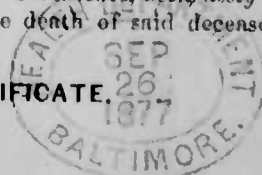
Board of Health, City of Baltimore,

Permit No. 20989

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, 20th September 1877
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Elizabeth H. Miller
Sex, Male or Female, { Cross out the word not required in this line. } Female
Age, 30 Years, 6 Months, 13 Days.
Color, White Sex, Female
Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single
Occupation,
Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore, Md.
Duration of Residence in the City of Baltimore, 30 years
Place of Death, { Give street and number. } 171 Hollins St.
Cause of Death, { First (Primary,) Typhoid Fever
Second (Immediate,)
Duration of Last Sickness, 3 weeks
All the above information should be furnished by the Physician.
Place of Burial, Baltimore
Date of Burial, Sep 27
Undertaker, J. B. Crook Address 187 Hollins St.
Place of Business, 701 W. Baltimore

P. S. Benson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

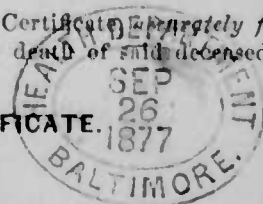
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20990

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate *completely filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, 26 Sep. 1877 at 8 o'clock a.m.,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Florence Bell

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age, 10 Years, 4 Months, 1 Days,

Color, White Sex, Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Child

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, all life

Place of Death, { Give street and number. } 83 Parkin St. Baltimore

Cause of Death, { First (Primary,) Second (Immediate,) } Cholera Infantum

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Forden Park C. C. Richardson M. D.

Date of Burial, Sep 27 Medical Attendant.

{ Undertaker, C. H. Hazzard

{ Place of Business, 201 Pen an

Address 302 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

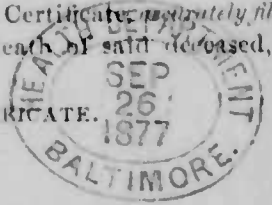
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20991

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ^{carefully filled} out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

Sept 25, 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Patricia Connelly

Sex, Male or Female. { Cross out the words not required in this line. }

Male

Age, Forty Years,

Months,

Days

Color,

White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~; { Cross out the words not required in this line. }

Occupation,

Laundry

Birthplace, { State or country (and how long in United States, if of foreign birth.) }

Ireland

Duration of Residence in the City of Baltimore,

20 yrs.

Place of Death, { Give street and number. }

St of Draw Bridges

Cause of Death, { First (Primary.)
Second (Immediate.) }

Drowning

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

St. Patrick's Church

Date of Burial,

Sept 27, 1877

Dr. Ireland

M. D.

{ Undertaker,

16, M. Gibson

Address,

{ Place of Business,

341 Canton

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

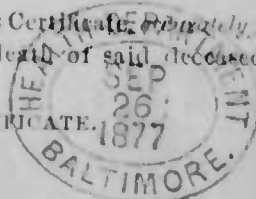
Board of Health, City of Baltimore,

Permit No. 20994

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *separately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

Sept 25 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Patrick McBlain

Sex, Male or ~~Female~~.

Cross out the words not required in this line.

Age,

38

Years,

Months,

Days

Color,

White

Married, Single, ~~Widow~~ or ~~Widower~~.

Cross out the words not required in this line.

Occupation,

Corporal

Birthplace,

(State or country (and how long in United States, if of foreign birth.)

Ireland

Duration of Residence in the City of Baltimore,

28 years

Place of Death,

(Give street and number.)

75 Hamburg

Cause of Death,

First (Primary.)

Second (Immediate.)

Phthisis

Duration of Last Sickness,

7 years

All the above information should be furnished by the Physician.

Place of Burial,

St Peter's cemetery

Date of Burial,

Sept 27

Merton Dyer

M. D.

Medical Attendant.

Undertaker,

Armstrong & Denny

Place of Business,

Light & Montgomery

Address,

146 Hamburg

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *20993*,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Sept. 25, 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Mary L. Chaney

Sex, ~~Male~~ or Female, { Cross out the words not required in this line. }

Age, *7* Years,

2 Months,

1 Days

Color,

White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) }

35 S. Gilmore

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give street and number. }

35 S. Gilmore

Cause of Death, { First (Primary),
Second (Immediate), }

Tubercular Meningitis

Duration of Last Sickness,

10 days

All the above information should be furnished by the Physician.

Place of Burial, *Western cemetery*

Date of Burial, *Sept 26 1877*

{ Undertaker, *J B Cook*

{ Place of Business, *No 707 N Baltimore Street*

John Hood M.D.
Medical Attendant.

Address, *2 N. Carey St.*

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

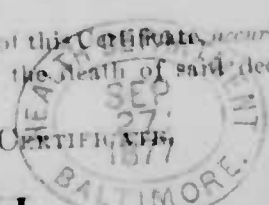
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20994

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

Sept. 26th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Louisa Fletcher

Sex, Male or Female,

Cross out the words not required in this line.

female

Age,

1 Years,

2 Months,

14 Days

Color,

white

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) }

Baltimore City

Duration of Residence in the City of Baltimore,

since born

Place of Death, { Give street and number. }

244 E. Fayette St.

Cause of Death,

First (Primary),
Second (Immediate),

pulmonary catarrh

Duration of Last Sickness,

3 weeks

All the above information should be furnished by the Physician.

Place of Burial,

Calvary Cemetery

Date of Burial,

Sept 27 1877

Undertaker,

F. J. Davis

Place of Business,

37 N. Broadway

J. J. Gausch M. D.
Medical Attendant.

Address, 27 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20995

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *September 25, 1877.*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Maria W. Michael,*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *116* Years, Months, Days.

Color, *White.*

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word is not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Maryland.*

Duration of Residence in the City of Baltimore, *Lifetime*

Place of Death, { Give street and number. } *39 Courtland St.*

Cause of Death, { First (Primary,) Second (Immediate,) } *Intestinal Obstruction.*

Duration of Last Sickness, *7 days*

All the above information should be furnished by the Physician

Place of Burial, *Green Mount*

Date of Burial, *Sept 28, 1877*

Undertaker, *Mrs. S. Hughes*

Place of Business, *238 Madison St.*

Address, *75 E. Baltimore St.*

J. N. Honck M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20996,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Sept 28th 1877

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents.

Mary H. Turner

Sex, ~~Male~~ Female,

{ Cross out the words not required in this line. }

Age,

1

Years,

Months,

Days

Color,

Black

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in United States, if of foreign birth.) }

Cambridge Md

Duration of Residence in the City of Baltimore,

5 months

Place of Death,

{ Give street and number.

Hope walk Lane between
Hanover St & Clarksons alley
near West St

Cause of Death,

{ First (Primary),

Second (Immediate),

Pertussis -

Duration of Last Sickness,

2 weeks

All the above information should be furnished by the Physician.

Place of Burial,

W. Pub Cemetery

Date of Burial,

Sept 27th 1877

James H. Steiner M.D.

Undertaker,

H. A. Kerchner

Address,

Commis of Health

Place of Business,

30 Carrollton Ave

Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Emeline Boley
her Mother

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20997

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 25, 77

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Fanny Bull

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, about 48? Years, Months, Days.

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, About 48 years (?)

Place of Death, { Give street and number. } 62 Clarke St

Cause of Death, { First (Primary.) Cancer Second (Immediate,) debility

Duration of Last Sickness, 4 mrs

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Sept 27 1877

Undertaker, Jacob Weaver Address 349 L...

Place of Business, Nos 4 & 6 David Hill

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

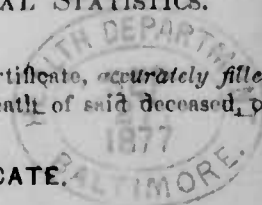
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20998

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

Sept. 26, 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Mamie Ruby McCormack

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age, 5 Years,

Months,

Days.

Color, White

Sex,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Columbus, Ohio

Duration of Residence in the City of Baltimore,

1 month

Place of Death, { Give street and number. }

284 St. Patience St

Cause of Death, { First (Primary), Second (Immediate), }

Membranous Croup

Duration of Last Sickness,

4 days

All the above information should be furnished by the Physician.

Place of Burial,

St. Peter's Church

Date of Burial,

Sept 28, 1877

J. W. F. Hank,

M. D.

Medical Attendant.

Undertaker,

Chas. T. Severin

Address

118 W. Biddle St

Place of Business,

211 N. Calver St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

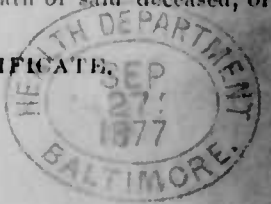
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20999.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, Sept 26th 1877
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Rutledge
Sex, Male ~~Female~~, { Cross out the word not required in this line. } Male
Age, 51 Years, Months, Days.
Color, White
Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married
Occupation, Sailor
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Bermuda (Island)
Duration of Residence in the City of Baltimore, 40 years
Place of Death, { Give street and number. } 254 N. E. St.
Cause of Death, { First (Primary.) Second (Immediate.) } Typhoid Malarial fever
Duration of Last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial, Holly Cross
Date of Burial, Sept 28
Undertaker, Geo W. Spencer
Place of Business, 206 Forrest St.
Address, 133 N. E. St.
+ 160 German St.
Signed, S. J. Belt, M.D., Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. *21000*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

Sept 26th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Michael Melhorn

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age, *87* Years,

Months,

Days.

Color, *white*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Married

Occupation,

Laborer

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Saxony Germany

Duration of Residence in the City of Baltimore,

40 years

Place of Death, { Give street and number. }

66 S. Regester st.

Cause of Death, { First (Primary),
Second (Immediate), }

Debilities et senectute

Duration of Last Sickness,

3 years

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

Undertaker,

Place of Business,

John A. Conner

M. D.

Medical Attendant.

Address *286 E. Balt st.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *20001*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *26th of September*
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Mark Richard Mathison*
Sex, Male or Female, { Cross out the word not required in this line. } *Male*
Age, *32* Years, *11* Months, Days.
Color, *White* Sex, *Male*
Married, Single, Widow or ~~Widower~~, { Cross out the words not required in this line. }
Occupation, *Baptist Minister*
Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Pemberton New Jersey*
Duration of Residence in the City of Baltimore, *6 years*
Place of Death, { Give street and number. } *223 North Eden*
Cause of Death, { First (Primary,) *Dysphenteria*
Second (Immediate,) *2 weeks*
Duration of Last Sickness, *2 weeks*
All the above information should be furnished by the Physician.
Place of Burial, *New Jersey*
Date of Burial, *Sept. 29th 1878* *P. S. Benson* M. D. Medical Attendant.
{ Undertaker, *Wm. H. Hickman* Address *187 Hollins St*
{ Place of Business, *234 N. Gay St.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Transit 887

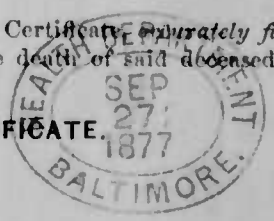
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21002

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate *carefully filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, Sept 25/77

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Ann Maria Scott

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age, 52 Years, Months, Days.

Color, Colored Sex, Female

Married, ~~Single, Widowed, Married~~ { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, 30 years

Place of Death, { Give street and number. } 22 North St

Cause of Death, { First (Primary,) Second (Immediate,) } Phthisis Pulmonalis

Duration of Last Sickness, 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, Chapel St

Date of Burial, September 27

{ Undertaker, } H. Charles Ross

{ Place of Business, } No. 180 Market Address 396 N. Fay St

Thos. O'Neil M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. *21003*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *September 26th, 1877.*

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. *Eliza T. Luby.*

Sex, Male or Female, Cross out the word not required in this line.

Age, *89* Years, Months, Days.

Color, *white* Sex, *female.*

Married, Single, Widow or ~~Widower~~, Cross out the words not required in this line.

Occupation, *✓*

Birthplace, State or country (and how long in the United States, if of foreign birth.) *Cecil Co. Md.*

Duration of Residence in the City of Baltimore, *60 years.*

Place of Death, Give street and number. *No 41 Franklin.*

Cause of Death, First (Primary,) Second (Immediate,) *General debility.*

Duration of Last Sickness, *Several years*

All the above information should be furnished by the Physician.

Place of Burial, *Green Mt. Cemetery*

Date of Burial, *Sept. 28th, 1877*

H. H. Jenkins M. D.
Medical Attendant.

Undertaker, *H. H. Jenkins*
Place of Business, *16 Light St.* Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *21004*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

Sept. 26, 1877

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

William German

Sex, ~~Male~~ *Female*.

Cross out the words not required in this line.

Age, *Thirty three* Years,

Months,

Days

Color,

white

Married, ~~Single~~, ~~Widow~~, or ~~Widower~~.

Cross out the words not required in this line.

Occupation,

Laborer

Birthplace,

State or country (and how long in United States, if of foreign birth.)

33 yrs

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

No 11. Collingwood Ave.

Cause of Death,

First (Primary).

Second (Immediate).

Brain
Shot wound of brain

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Beth Cemetery

Date of Burial,

Sept 28th 1877

Undertaker,

Hughes & Co

Place of Business,

65 S. Broadway

V. C. Deland M.D.

Medical Attendant

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

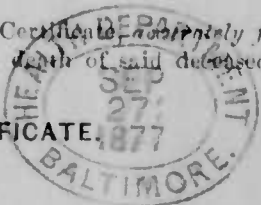
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21115

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate *carefully filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

September 26th 1877

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Anna Catharina Kuhnagel

Sex, Male or Female,

{ Cross out the word not required in this line. }

Female

Age,

60

Years,

Months,

3 Days.

Color,

white

Sex,

female

Married, ~~Single~~ ~~Widow~~ ~~Widower~~,

{ Cross out the words not required in this line. }

married

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth. }

Battbergen Hanover

Duration of Residence in the City of Baltimore,

45 years

Place of Death,

{ Give street and number. }

135 Conway St.

Cause of Death,

{ First (Primary,)

{ Second (Immediate,)

Dropsy Ovarian

Duration of Last Sickness,

4 months

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore Cemetery

Date of Burial,

Sept. 28.

J. N. Butler M. D.

Medical Attendant.

{ Undertaker,

John A. Hacher

Address

{ Place of Business,

S. E. Cor. of Paca & Camden Sts.

14 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21006

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Sept. 26. 1877

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

John Jones

Sex, Male or Female,

{ Cross out the words not required in this line. }

Male

Age,

74

Years,

3

Months,

23

Days

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Naval Officer, U. S. N.

Birthplace,

{ State or country (and how long in United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

Since birth

Place of Death,

{ Give street and number. }

237 N. Enoch St.

Cause of Death,

{ First (Primary), }

Pneumonia Pulmonalis

{ Second (Immediate), }

Exhaustion

Duration of Last Sickness,

2 years

All the above information should be furnished by the Physician.

Place of Burial,

Balto Cemetery

Date of Burial,

Sept 30th 77

{ Undertaker,

Geo. Schilling

{ Place of Business,

Ashland Square

A. Hartman, M. D. S.
Medical Attendant.

Address, # 305 N. Caroline St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21007

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

September 27th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Martin John M. Guine

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Ten Years,

Months, Nineteen Days.

Color, White

Married, Single, Widowed, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore City

Duration of Residence in the City of Baltimore,

Ten years & nineteen days

Place of Death, { Give street and number. }

108 Hollis Alley

Cause of Death, { First (Primary,) Second (Immediate,) }

Typhoid Fever

Duration of Last Sickness,

Sixteen days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Sep 28

Undertaker, J. B. Cook

Place of Business, 407 West Baltimore St

J. J. Smithson M. D.
Medical Attendant.

Address # 584 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21008

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 26 "1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Johann Knorr

Sex, Male or ~~Female~~. { Cross out the words not required in this line. }

Age, 72 Years, Months, Days

Color, white

Married, ~~Single~~, ~~Widow~~ or ~~Divorced~~. { Cross out the words not required in this line. }

Occupation, Laborer

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Germany — 30 yrs

Duration of Residence in the City of Baltimore, 30 years

Place of Death, { Give street and number. } 125 Paratoga St

Cause of Death, { First (Primary,) old age
Second (Immediate,) debility & Inanition }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus City & County

Date of Burial, Sept 27 "1877 J. J. Munn M.D.

{ Undertaker, H. Bergmann Address, Commissioner of Health
Place of Business, 45 Clay St & Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Mr Jackson [OVER.]
Sanitary Inspector

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21009

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Sept. 25th / 77

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Mary Wittgenstein

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 71 Years, 6 Months, Days.

Color, white Sex, female

Married, Single, Widower or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Germany

Duration of Residence in the City of Baltimore,

40 years

Place of Death, { Give street and number. }

190

Harrison St

Cause of Death, { First (Primary,) Second (Immediate,) }

Disease of Heart
Syncope

Duration of Last Sickness,

4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Oheb Shalom Cemetery

Date of Burial, Sept 27th 77

H. Lieberman M. D.
Medical Attendant.

{ Undertaker,

Oppen Eilau

{ Place of Business,

101 Gough St

Address

68 N. Front St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21010

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, ~~Male~~ Female,

{ Cross out the word not required in this line. }

Age,

Years,

Months,

Days.

Color,

Married, Single, Widow or Widower,

{ Cross out the word not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give street and number. }

Cause of Death,

{ First (Primary),
Second (Immediate), }

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial,

Date of Burial,

{ Undertaker,

{ Place of Business,

Address

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *21011*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *Sept 26th 1877*

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. *Mary Ellender*

Sex, Male or Female, Cross out the word not required in this line. *Female*

Age, *68* Years, *—* Months, *—* Days.

Color, *—*

Married, Single, Widow or Widower, Cross out the words not required in this line. *Single*

Occupation, *—*

Birthplace, State or country (and how long in the United States, if of foreign birth.) *Baltimore Md*

Duration of Residence in the City of Baltimore, *68 years*

Place of Death, Give street and number. *11 Orleans St*

Cause of Death, First (Primary), Second (Immediate). *Dropsy*

Duration of Last Sickness, *Three Months*

All the above information should be furnished by the Physician.

Place of Burial, *Greenwood Cemetery*

Date of Burial, *28 Sept 3 O'clock*

Undertaker, *George C Rodemeyer*

Place of Business, *38 Emerson St*

Samuel J. Bell M.D.
Medical Attendant.

Address *133 N. E. 2nd St*
+ 164 German St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21012

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 26th 1877

Full Name of Deceased, { Write legibly and spell correctly. If on infant not named, give names of parents. } Peter Louis Miller

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 56 Years, 7 Months, 26 Days.

Color, _____ Sex, _____

~~Married~~, Single, ~~Widow~~ ~~or~~ ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Clergyman

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Belgium 29 years in U. S.

Duration of Residence in the City of Baltimore, 18 years

Place of Death, { Give street and number. } Loyola College, Calvert St

Cause of Death, { First (Primary,) Second (Immediate,) } Pneumonia
Phthisis Pulmonalis

Duration of Last Sickness, three years

All the above information should be furnished by the Physician.

Place of Burial, Woodstock, Howard Co. Md

Date of Burial, Sept. 28th John Morris M. D. Medical Attendant.

{ Undertaker, Henry W. Scullin & Son Address 5 Franklin St

{ Place of Business, 16 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 888,

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21013

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *Sep. 26. 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Elizabeth*

Sex, Male or Female, { Cross out the words not required in this line. } *Female*

Age, _____ Years, *1* Months, *11* Days

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in United States, if of foreign birth.) } *Bay view Asylum*

Duration of Residence in the City of Baltimore, *14 days*

Place of Death, { Give street and number. } *St Vincent's Infant Asylum*

Cause of Death, { First (Primary.) *Marasmus*
Second (Immediate.) *Convulsions* }

Duration of Last Sickness, *When admitted*

All the above information should be furnished by the Physician.

Place of Burial, *Cathedral Cemetery*

Date of Burial, *Sep. 28. 1877*

Undertaker, *Sam'l Bowen*

Place of Business, *156 Division St.*

Medical Attendant, *Martiny Brewer* M.D.

Address, *201 W. Biddle*

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21014

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Sept 24 1877

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Florence V. Smith

Sex, ~~Male~~ Female,

{ Cross out the words not required in this line. }

Age,

2

Years,

4

Months,

15

Days

Color,

Black

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) }

Balti City

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give street and number. }

363

Hamburg St Cold.

Cause of Death,

{ First (Primary.) }

{ Second (Immediate.) }

Croup

Duration of Last Sickness,

about 2 hours

All the above information should be furnished by the Physician.

Place of Burial,

Sharp St Cemetery

Date of Burial,

Sept 28 1877

James H. Stearns M. D.

{ Undertaker,

Jacob Davis

Address,

Commis of Health

{ Place of Business,

103 Lee St

Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Maggie Kelly Her Mother

[OVER.]

Board of Health, City of Baltimore,

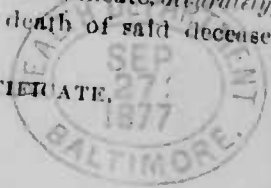
OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21015

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Sept 26th

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Niel Houston

Male or Female,

Cross out the words not required in this line.

Age,

25

Years,

Months,

Days

Color,

White

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Tramper

Birthplace,

State or country (and how long in United States, if of foreign birth.)

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

Balt. Infirmary

Cor. Lombard & E. Sts.

Cause of Death,

First (Primary).

Amputation of Hip & ankle for Railroad injuries

Second (Immediate).

Septicæmia

Duration of Last Sickness,

4 days

All the above information should be furnished by the Physician.

Place of Burial,

New York Co.

Date of Burial,

Sept 28 - 1877

Undertaker,

J. B. Blackiston & Son

Place of Business,

666 Baltimore St

T. D. Ashby

M. D.

Medical Attendant.

Address,

Univ. Hospital

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death except in cases of births and deaths of illegitimate children.

Transit 889

[OVER.]

Board of Health, City of Baltimore,

Permit No. *21016*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *Sept. 26th 9³⁰ A.M. 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *William Taylor.*

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age, *79* Years, Months, Days.

Color, *White*

Married, Single, ~~Widow~~ or Widower, { Cross out the words not required in this line. }

Married

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Ireland*

Duration of Residence in the City of Baltimore, *25 years*

Place of Death, { Give street and number. } *183 S. Bond St.*

Cause of Death, { First (Primary,) } *Conjunctive phlebitis*
{ Second (Immediate,) }

Duration of Last Sickness, *1 Week*

All the above information should be furnished by the Physician.

Place of Burial, *Baltimore Cemetery*

Date of Burial, *Sept 28th 1877*

{ Undertaker, *Henneline Dippel*

{ Place of Business, *151 S. Bond St*

James C. Darnelle M. D.
Medical Attendant.

Address *299 E. Baltimore St.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21017

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Sept. 26th 1877

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Conrad Baumtschmidt

Sex, Male or Female,

{ Cross out the word not required in this line. }

Male

Age,

27

Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Married

Occupation,

Cigar Maker

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Germany

Duration of Residence in the City of Baltimore,

17 years

Place of Death,

{ Give street and number. }

127 Hudson Street

Cause of Death,

{ First (Primary,) }

Pneumonia

{ Second (Immediate,) }

Hemorrhage

Duration of Last Sickness,

4 mos.

All the above information should be furnished by the Physician.

Place of Burial,

St. Alphonsus Cemetery

Date of Burial,

September 28

{ Undertaker,

W. Giffel

{ Place of Business,

South Bond St. 151

Address

68 S. Broadway

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 24918

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Sept 26th 77

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Lease Green

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age,

70 Years,

Color,

11 Months,

White

Days.

Married, ~~Single~~, ~~Widow~~ ~~or Widower~~, { Cross out the words not required in this line. }

Occupation,

Leaher
Free Ind

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

8 years

Place of Death, { Give street and number. }

1 Warner St

Cause of Death, { First (Primary), Second (Immediate), }

Inflammation of Bowels
2 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Frederick Md.

Date of Burial, Sept 28th

Undertaker, Wm J. Nickner

Place of Business, 65 S. Eutan

J. H. Horney M. D.
Medical Attendant.

76 S. B. Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Harriet 890

[OVER.]

Board of Health, City of Baltimore,

Permit No. *24019*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of *the* person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *Sept 26 / 77*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *James B. Culver*

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *19* Years, Months, Days.

Color, *W*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *"*

Occupation, *clerk*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore*

Duration of Residence in the City of Baltimore, *19 years*

Place of Death, { Give street and number. } *N. 12 Baltimore Bulb*

Cause of Death, { First (Primary,) Second (Immediate,) } *Pneumonia*

Duration of Last Sickness, *one year*

All the above information should be furnished by the Physician.

Place of Burial, *New Cathedral*

Date of Burial, *Sept 28th 1877*

{ Undertaker, *Henry H. Mears*

{ Place of Business, *45 N. Gay St*

J. H. Patterson M. D.
Medical Attendant.

Address *28 Franklin St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 210211

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Sept. 27, 1877.

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Louisa Kaepfel

Sex, ~~Male~~ Female,

{ Cross out the words not required in this line. }

Age,

Thirty

Years,

Months,

Days

Color,

White.

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,

{ Cross out the words not required in this line. }

Occupation,

Labourer

Birthplace,

{ State or country (and how long in United States, if of foreign birth.) }

Germany

Duration of Residence in the City of Baltimore,

14 yrs.

Place of Death,

{ Give street and number. }

15. Spruce Alley

Cause of Death,

{ First (Primary.) }

Unicele

{ Second (Immediate.) }

(Strangulation)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

St. Peter's Cemetery

Date of Burial,

Sept 28th

{ Undertaker,

H. Froehlich

{ Place of Business,

236 Eastern Ave.

W. D. Landy

M.D.

Medical Attendant.

Edward E. Smith

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The special attention of Physicians is respectfully invited to the remarks below, and to the fact that this Certificate is not valid unless it is signed by a Physician who attended the deceased during his or her last illness.

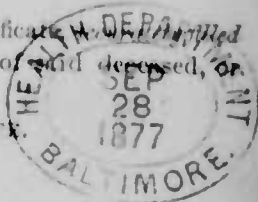
Board of Health, City of Baltimore,

Permit No. *21021*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, and for the presentation of this Certificate to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *September 26th 1877*

Full Name of Deceased, *Jacob Strong*

Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, *Male or Female*, Cross out the words not required in this line.

Age, *45* Years, Months, Days

Color, *Black*

~~Married~~, Single, ~~Widow or~~ Widower, Cross out the words not required in this line.

Occupation, *Laborer*

Birthplace, *Prussia*

State or country (and how long in United States, if of foreign birth.)

Duration of Residence in the City of Baltimore, *14 years*

Place of Death, *12 McKelderry St. South*

Give street and number.

Cause of Death, *Hemorrhage of Lungs*

First (Primary),

Second (Immediate),

Duration of Last Sickness, *Sudden*

All the above information should be furnished by the Physician.

Place of Burial, *Asbury E. Church*

Date of Burial, *Sept 27th 1877*

Undertaker, *W. M. Dymally*

Place of Business, *East St*

Address, *Broadway*

Madison St

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

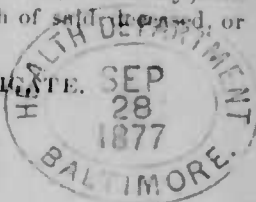
Permit No. 21022

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Sept 27th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Jelix Perry Trainor

Sex, Male or Female,

Cross out the word not required in this line.

Male

Age,

Infant (12)

Years,

Four (4)

Months,

Fourteen (14)

Days.

Color,

White

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Single

Occupation,

None

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Virginia

Duration of Residence in the City of Baltimore,

About Eighteen (18) Years

Place of Death,

Give street and number.

Washington University Hospital

Cause of Death,

First (Primary),

Injury to Left Arm, Right Forearm, & Neck

Second (Immediate),

Shock

Duration of Last Sickness,

Twenty Hours (12)

All the above information should be furnished by the Physician.

Place of Burial,

St. Peters Cemetery

Date of Burial,

Sept 29

Undertaker,

P. B. Cook

Place of Business,

107. 4th Baltimore

Chas B. Lyle

M. D.

Medical Attendant.

Address

Washington University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

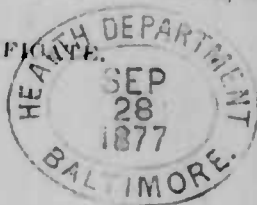
Permit No. 21023

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Sept 27th 77

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

William Kane

Sex, Male or Female,

Cross out the word not required in this line.

Age,

15

Years,

Months,

Days.

Color,

white

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

None

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Balt

Duration of Residence in the City of Baltimore,

all life

Place of Death,

Give street and number.

Point Lane near Annapolis

Cause of Death,

First (Primary),

Accidental fall from tree

Second (Immediate),

Concussion of brain probably

Duration of Last Sickness,

2 hours

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore Cemetery

Date of Burial,

Sept 29th 77

Undertaker,

Geo Schilling

Place of Business,

Ashland Square

Edmund R Walke

M. D.

Medical Attendant.

Address

Coram St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

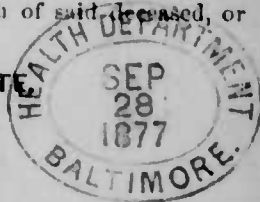
Board of Health, City of Baltimore,

Permit No. 21024

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

Sept 27th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Charles Keller

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age,

Years,

Months,

Days.

Color,

Black

Sex,

Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Balto, City

Duration of Residence in the City of Baltimore,

Lifetime

Place of Death, { Give street and number. }

N 5 Morris alley

Cause of Death, { First (Primary), }

Dysentery

{ Second (Immediate), }

Exhaustion

Duration of Last Sickness,

One week

All the above information should be furnished by the Physician.

Place of Burial,

Lawrence Cemetery

Date of Burial,

Sept 28th 1877

J. Shellen Hill

M. D.

Medical Attendant.

{ Undertaker,

J. H. H. H.

{ Place of Business,

317 N. Holliday St.

Address,

432 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

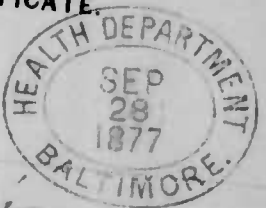
Permit No. 21025

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

27th September 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Richard Hartman

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Seventy Years,

Color, White

Months,

Days.

Married, Single, Widowed or Widower, { Cross out the words not required in this line. }

Occupation, Butcher

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Germany.

Duration of Residence in the City of Baltimore,

Fifty years

Place of Death, { Give street and number. }

302 W. Hoffman St.

Cause of Death, { First (Primary), Second (Immediate), }

Disease of the Heart - Valvular Disease of the Heart.

Duration of Last Illness,

Two years

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, Sept 29th 1877

Undertaker, Jacob Weaver

Place of Business, Nos 4 & 6 David Hill

Address 47. Franklin St

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore,

Permit No. *21026*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Sept. 29th 1877

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Wm. St. Baltimore

Sex, Male or Female,

{ Cross out the words not required in this line. }

Male

Age,

Forty Six

Years,

Months,

Days

Color,

White

Married, Single, ~~Widow~~ or Widower,

{ Cross out the words not required in this line. }

Occupation,

Inspector of Building City E.

Birthplace,

{ State or country (and how long in United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give street and number. }

34 Hill St.

Cause of Death,

{ First (Primary,) }

{ Second (Immediate,) }

Congestion of Brain.

Duration of Last Sickness,

3 hours.

All the above information should be furnished by the Physician.

Place of Burial,

Greenmount Cem.

Date of Burial,

Sept 30 10. A M

Undertaker,

W. B. Hall

Place of Business,

233 E. Baltimore

Address,

J. C. Ingram M. D.
Coroner Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

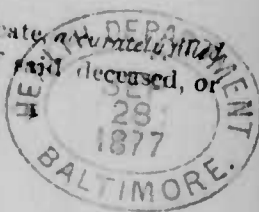
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21027

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased,

Sex, ~~Male~~ Female,

Age,

Color,

Married, Single, ~~Widow~~ or Widower,

Occupation,

Birthplace,

Duration of Residence in the City of Baltimore,

Place of Death,

Cause of Death,

Duration of Last Sickness,

Place of Burial,

Date of Burial,

Undertaker,

Place of Business,

Write legibly and spell correctly. If an infant not named, give names of parents.

Cross out the words not required in this line.

Cross out the words not required in this line.

State or country (and how long in United States, if of foreign birth.)

First (Primary),
Second (Immediate).

All the above information should be furnished by the Physician.

Address,

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

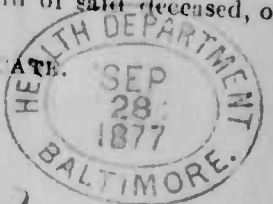
Permit No. *21028*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Friday Sept 28th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

John Schirmer

Sex, Male or Female, { Cross out the words not required in this line. }

Male

Age, *3* Years,

6 Months,

Days

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) }

Germany

Duration of Residence in the City of Baltimore,

3 months

Place of Death, { Give street and number. }

82

St. James St. West

Cause of Death, { First (Primary,) Second (Immediate,) }

Tubercular Meningitis

Marasmus

Duration of Last Sickness,

Four weeks

All the above information should be furnished by the Physician.

Place of Burial, *St. Agnes Cemetery*

Date of Burial, *Sept 29 1877*

Undertaker, *Henry Hock*

Place of Business, *309 Central Ave*

S. S. Sharp M.D.
Medical Attendant.

Address,

29 S. Sharp St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21029

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH



Date of Death, September 25 12.40 PM

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annie Bonzer

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, 35 Years, 00 Months, 00 Days.

Color, Colored

Married, ~~Single~~ ~~Widow~~ ~~Widower~~, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Calvert County Maryland

Duration of Residence in the City of Baltimore, 7 years

Place of Death, { Give street and number. } Welcome Alley, bet Warner & Penn Sts.

Cause of Death, { First (Primary,) } Pneumonia
{ Second (Immediate,) } "

Duration of Last Sickness, Unknown

All the above information should be furnished by the Physician.

Place of Burial, Calvert Cemetery

Date of Burial, Sept 26 1891

{ Undertaker, W. C. Bonzer
{ Place of Business, No. 180 Mes. St

J. B. Bell M. D.
Medical Attendant.

Address 161 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 21030

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Sept. 27/77

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Frederick W. Sprague

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Male

Age, 3 Years,

5 Months,

Days.

Color, white

Sex, Male

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Baltimore Md.

Duration of Residence in the City of Baltimore,

Lifetime

Place of Death, { Give street and number. }

268 Mulberry St

Cause of Death, { First (Primary),

Diphtheritic Cramp,

Second (Immediate),

Spasms.

Duration of Last Sickness,

Noticeable only two days Evidently sick before

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sept. 29th 1877

H. R. Betterhoff

M. D.

Medical Attendant

{ Undertaker, Adam Weidemyer

Address

{ Place of Business, 518 1/2 W. Baltimore St

77 George St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 21031

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *September 28th 1877*

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. *Mary Babara Seibmann*

Sex, *Male or Female*, Cross out the word not required in this line. *Female*

Age, *43* Years, *6* Months, *4* Days.

Color, *White* Sex, *Female*

Married, *Single, Widow or Widower*, Cross out the words not required in this line.

Occupation, _____

Birthplace, State or country (and how long in the United States, if of foreign birth.) *Bavaria - Germany - 25 years in U.S.*

Duration of Residence in the City of Baltimore, *25 years*

Place of Death, Give street and number. *241 North Bond St*

Cause of Death, First (Primary,) Second (Immediate,) *Endocarditis - Aortic & Mitral Lesions - Paralysis caused by over distention of heart*

Duration of Last Sickness, *Three Months*

All the above information should be furnished by the Physician.

Place of Burial, *Weston Cemetery*

Date of Burial, *Sept 30, 1877*

Undertaker, *Geo Schilluf* Address *Carey & Baltimore St.*

Place of Business, *Asquith St*

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

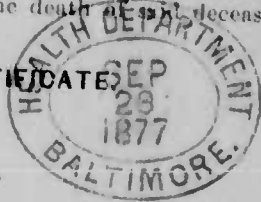
Board of Health, City of Baltimore,

Permit No. 21032

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

September 28th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Henry M. Hancy

Sex, Male or Female,

Cross out the word not required in this line.

Male

Age,

23

Years,

Months,

21

Days.

Color,

White

Sex,

Male

Married, Single, Widowed or Widower,

Cross out the words not required in this line.

Single

Occupation,

Bill Poster

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore

Duration of Residence in the City of Baltimore,

23 years & 21 days

Place of Death,

Give street and number.

1055 N. Eden St.

Cause of Death,

First (Primary),

Second (Immediate),

rupture of blood vessel of the brain

Duration of Last Sickness,

12 days

All the above information should be furnished by the Physician.

Place of Burial,

St. Oliver Cemetery

Date of Burial,

Sept 30th 1877

M. D.

Medical Attendant.

Undertaker,

Wm. J. Hughes

Place of Business,

10 E. Baltimore

Address

138 N. Yeter St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21033,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 27th 1897

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Sarah Elizabeth Beaver

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, _____ Years, 1 Months, 23 Days.

Color, White Sex, Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } Washington St. near Appold Chapel, No numbers

Cause of Death, { First (Primary,) Remittent fever
Second (Immediate,) Convulsions

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemetery

Date of Burial, Sept 30th 1897

Undertaker, John Machen

Place of Business, No 154 Camden St

Address S. E. Broadway & Pratt.

John S. Lynch M. D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

A

F

E

T

Y

▲

F

I

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *21035*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ^{properly filled} out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of ~~the~~ deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *Sept 27th 1877*
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Nathaniel Pendleton Campbell*
Sex, Male ~~Female~~, { Cross out the word not required in this line. }
Age, *57* Years, Months, Days.
Color, *White* Sex,
Married, ~~Single~~, { Cross out the words not required in this line. }
Occupation, *Insurance agent*
Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Virginia*
Duration of Residence in the City of Baltimore, *30 years*
Place of Death, { Give street and number. } *Barnum's Hotel*
Cause of Death, { First (Primary,) Second (Immediate,) } *Nervous exhaustion*
Duration of Last Sickness, *Ten weeks*
All the above information should be furnished by the Physician.
Place of Burial, *Greenmount* *Sept 29th 1877* *F. J. Miles* M. D.
Date of Burial, *Sept 29th 1877* Medical Attendant.
{ Undertaker, *Jacob Weaver* Address *24. Cathedral St*
{ Place of Business, *No 4 x 6 Grand Hill Avenue*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No.

21036

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Sept 28th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

William H Sinclair

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age,

44 Years,

Months,

Days.

Color,

White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Brass Founder -

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give street and number. }

378 E Lombard St

Cause of Death,

{ First (Primary),
Second (immediate,) }

Consumption,
Dysentery

Duration of Last Sickness,

One Month

All the above information should be furnished by the Physician.

Place of Burial,

Balti Cemetery

Date of Burial,

Sept 30/77

{ Undertaker,

Hughes & Co

{ Place of Business,

65 S. Broadway

W. H. Regester

M. D.

Medical Attendant.

Address

W. Fayette & Co

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

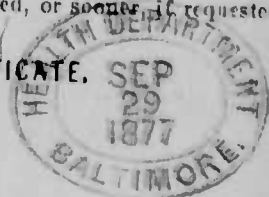
Permit No. 21037

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, Sept 28, 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William T. Madson

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 3 Years, 3 Months, 1 Days.

Color, White

Married, Single, Widower, { Cross out the word not required in this line. } Single

Occupation, Dealer

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Del Norte

Duration of Residence in the City of Baltimore, all his life

Place of Death, { Give street and number. } 312 McHenry St

Cause of Death, { First (Primary,) Diphtheritic Croup
Second (Immediate,) Exhaustion

Duration of Last Sickness, 6 Days

All the above information should be furnished by the Physician

Place of Burial, Mount Olivet C.

Date of Burial, Sept 29, 1877

Undertaker, J. B. Blackish

Place of Business, 606 Ball St Address 501 York St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21038

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Sept 29th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.
D. C. Jones

Sex, Male or Female,

Cross out the word not required in this line.
Male

Age,

54

Years,

11

Months,

Days.

Color,

White

Married, Single, Widowed, or Widower,

Cross out the words not required in this line.
Single

Occupation,

Sailor

Birthplace,

State or country (and how long in the United States, if of foreign birth.)
MD

Duration of Residence in the City of Baltimore,

11 years

Place of Death,

Give street and number.
71 Bond St

Cause of Death,

First (Primary).
Second (Immediate).
Softening of Brain

Duration of Last Sickness,

3 months

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore Cemetery

Date of Burial,

Sept 30th 1877

Undertaker,

John H. Weaver

Place of Business,

#22 N. Fayette St

Address

184 Hanover St

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

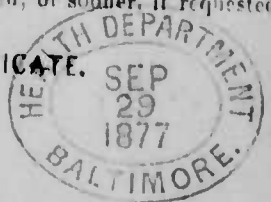
OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21039

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, _____

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 50 Years, _____

Color, _____

Months, _____

Days, _____

~~Married~~ Single, Widow or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, _____

Place of Death, { Give street and number. }

Cause of Death, { First (Primary, } Second (Immediate, }

Duration of Last Sickness, _____

All the above information should be furnished by the Physician

Place of Burial, _____

Date of Burial, _____

Undertaker, _____

Place of Business, _____ Address _____

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. **210410**

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Sept 28 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

J. Poulson

Sex, ~~Male~~ or ~~Female~~, { Cross out the words not required in this line. }

Age, **Forty nine** Years,

Color,

White

Months,

Days

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Soldier

Birthplace, { State or country (and how long in United States, if of foreign birth.) }

Germany

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

185 South Broadway

Cause of Death, { First (Primary), Second (Immediate). }

Furilily

Duration of Last Sickness,

3 Days

All the above information should be furnished by the Physician.

Place of Burial, **Intep Monroe La**

Date of Burial, **Sept 29 1877**

Undertaker, **M. A. Bayn**

Place of Business, **74 S. Broadway**

H. J. Ireland

Coroner

M. D.

Medley Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 892

[OVER.]

Board of Health, City of Baltimore,

Permit No. 21041,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, September the 28. 3. 30. Am.

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. Christian. Bepman

Sex, Male or Female, Cross out the word not required in this line.

Age, Seven Years, Months, Days.

Color, White

Sex, Male

Married, Single, ~~Widow~~ or ~~Widower~~, Cross out the words not required in this line.

Occupation,

Birthplace, State or country (and how long in the United States, if of foreign birth.) Durham St 258 South

Duration of Residence in the City of Baltimore, Seven Years

Place of Death, Give street and number. Durham St No 258 S.

Cause of Death, First (Primary,) Second (Immediate.) Wound. Corysipelas

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, St. Ev. St Paul Cemetery

Date of Burial, Sept 30

John J. Litzor.

M. D.

Medical Attendant.

Undertaker, J. B. Froehlich

Place of Business, 246 Eastern Ave

Address 81 Nord Eutw.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

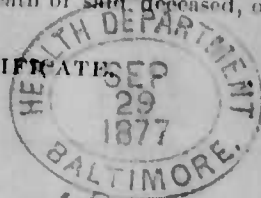
Permit No. 21044

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

September 27th 1877

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents.

Martha Pinkney

Sex, Male or Female, Cross out the word not required in this line.

Female

Age, Three Years,

Months,

Days.

Color,

Colored

Married, Single, Widow or Widower, Cross out the words not required in this line.

Single

Occupation,

Nothing

Birthplace, State or country (and how long in the United States, if of foreign birth.)

Baltimore City, Maryland

Duration of Residence in the City of Baltimore,

Continued

Place of Death, Give street and number.

No 282 S. Howard St

Cause of Death, First (Primary),
Second (Immediate),

Hawking Cough at
cerebral congestion

Duration of Last Sickness,

Five weeks

All the above information should be furnished by the Physician.

Place of Burial,

Green Cemetery

Date of Burial,

Sept 28th

Undertaker,

Jacob Dyer

Place of Business,

103 West

J. D. Dyer M. D.
No 146 Hill St
Baltimore Md
Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

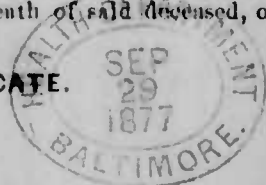
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *21043*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of *said deceased*, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

Sept. 27th. 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Clinton Scott

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

5

Years,

1

Months,

Days.

Color,

White

Sex,

Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

5 yrs. 1 mo.

Place of Death, { Give street and number. }

60. Mulberry St.

Cause of Death, { First (Primary,) Second (Immediate,) }

*Tubercular Meningitis
Convulsions*

Duration of Last Sickness,

3 wks.

All the above information should be furnished by the Physician.

Place of Burial, *Mount Oliver*

Date of Burial,

Sept 29

{ Undertaker,

C. H. Shyza

{ Place of Business,

201 Pen av

Eldridge C. Price M. D.
Medical Attendant.

Address *262. Madison Ave*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 21044

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE



CERTIFICATE OF DEATH.

Date of Death, Sept 27 - 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } George Anna Murray

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, Three Years, 5 Months, Days.

Color, Copper

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Shuter St No. 30 -

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number. } 214 Mullican St

Cause of Death, { First (Primary,) Exposure to cold etc
Second (Immediate,) Croup

Duration of Last Sickness, Seven days

All the above information should be furnished by the Physician.

Place of Burial, Dallas Cem

Date of Burial, Sept 29 1877

Undertaker, Theo J. Locke

Place of Business, 5 E. Jefferson

Address

75 N. Broadway

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21046

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Sept. 28. 77

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Francis Patterson

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

M.

Age,

Years,

19

Months,

Days.

Color,

C.

Sex,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

City.

Duration of Residence in the City of Baltimore,

life-time

Place of Death, { Give street and number. }

71 N. Bethel St.

Cause of Death, { First (Primary,) Second (Immediate.) }

Scarlatina
albuminuria

Duration of Last Sickness,

2 mos.

All the above information should be furnished by the Physician.

Place of Burial,

Laurel Cemetery

M. D.

Date of Burial, Sept 29 1877

Medical Attendant.

{ Undertaker, Wm A Dungee

Address

Easton Disp

{ Place of Business, N 62 East St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 21047

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, September 29, 12:30 A.M. 1877

Full Name of Deceased, { Write legibly and well correctly. If an Infant not named, give names of parents. } James D. Hordun

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 39 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, Undertaker

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore, Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number. } 204 N. Hollis St.

Cause of Death, { First (Primary.) Phthisis Pulmonalis }
{ Second (Immediate.) }

Duration of Last Sickness, 3 weeks 9 days

All the above information should be furnished by the Physician.

Place of Burial, Batti Cemetery

Date of Burial, September 18, 1877

{ Undertaker, H. W. Mearns }

{ Place of Business, 45 N. Gay St. }

James C. Darnell M. D.
Medical Attendant.

Address 399 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. *21048*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *September 28th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *James Brownly Cunningham*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, *21* Years, *5* Months, *6* Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Single*

Occupation, *Hackman*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore City*

Duration of Residence in the City of Baltimore, *Since Birth*

Place of Death, { Give street and number. } *Washington University Hospital*

Cause of Death, { First (Primary,) *Burns.* Second (Immediate,) *Exhaustion.* }

Duration of Last Sickness, *11 days.*

All the above information should be furnished by the Physician.

Place of Burial, *Balti Cemetery*

Date of Burial, *Sept 30th 1877*

{ Undertaker, *Henry W. Mears*

{ Place of Business, *45 N Gay St*

Chas. H. Hoyer M. D.
Resident Physician Medical Attendant.
Address *Wash. Univ Hospital*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. *21049*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *September 27*

Full Name of Deceased, *Maria Crossy*
Write legibly and spell correctly. If an infant not named, give names of parents.

Sex, *Female*, Cross out the words not required in this line.

Age, *15* Years, Months, Days

Color, *White*

Married, Single, Widow or Widower, Cross out the words not required in this line.

Occupation,

Birthplace, *Virginia*
State or country (and how long in United States, if of foreign birth.)

Duration of Residence in the City of Baltimore,

Place of Death, *212 S. Charles*
Give street and number.

Cause of Death, *Phthisis*
First (Primary),
Second (Immediate.)

Duration of Last Sickness, *11 months*

All the above information should be furnished by the Physician.

Place of Burial, *St. Pauls Episcopal Cemetery*

Date of Burial, *Sept. 29 1877*

Undertaker, *Charles B. Herold* Medical Attendant,

Place of Business, *161 Hanover St* Address, *146 - Hanover St*

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

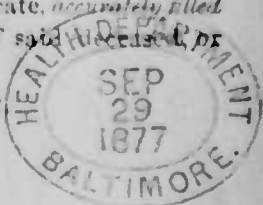
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21050

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of *said deceased*, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *Sept 29th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *John Mahon*

Sex, Male or Female, { Cross out the words not required in this line. } *Male*

Age, *5* Years, Months, Days

Color, *White*

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, *Balto*

Birthplace, { State or country (and how long in United States, if of foreign birth.) } *Balto*

Duration of Residence in the City of Baltimore, *Since Birth*

Place of Death, { Give street and number. } *22 Lombard st*

Cause of Death, { First (Primary,) Second (Immediate,) } *Chronic Croup*

Duration of Last Sickness, *3 Weeks*

All the above information should be furnished by the Physician.

Place of Burial, *St. Peter's Cemetery*

Date of Burial, *Sept 30 1877*

{ Undertaker, *Jas P Bayne* Address, *127 E. Balt St*

{ Place of Business, *Front St*

J. Ridgway Andrews M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

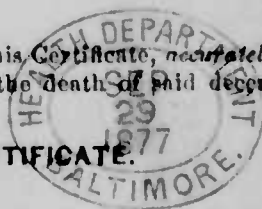
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *21051*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *September 29. 8. a. m.*

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. *Louisa Fiedler*

Sex, *Male* or Female, Cross out the word not required in this line.

Age, *24* Years, *Eight* Months, *8* Days.

Color, *white* Sex, *Female*

Married, *Single*, Widow or Widower, Cross out the words not required in this line.

Occupation, *0*

Birthplace, State or country (and how long in the United States, if of foreign birth.) *Bond Street Baltimore*

Duration of Residence in the City of Baltimore, *Lifetime*

Place of Death, Give street and number. *174 Chestnut St*

Cause of Death, First (Primary),
Second (Immediate.) *Consumption*

Duration of Last Sickness, *one month*

All the above information should be furnished by the Physician.

Place of Burial, *Baltimore Cemetery* *John J. Ficker*

Date of Burial, *Oct. 1st 1877.*

M. D.
Medical Attendant.

{ Undertaker, *H. Hoffmann.*
Place of Business, *63 North E. St.* Address *81 Nord E. St.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

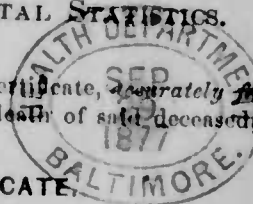
Board of Health, City of Baltimore,

Permit No. 21052

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, Sep 28th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Saml. B. Myshaus

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 28 Years, _____ Months, _____ Days.

Color, White

Sex, Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Telegraph Operator

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, Many Years

Place of Death, { Give street and number. } 48 W Green & Genuan

Cause of Death, { First (Primary), Second (Immediate). } Pulmonary Consumption
Exhaustion
Three Years

Duration of Last Sickness, _____

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, Sept 30th 1877

Underlaker, Jacob Weaver

Place of Business, 486 David Hill

Address St A. C. Lane Street

2 Ave

M. D. _____
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

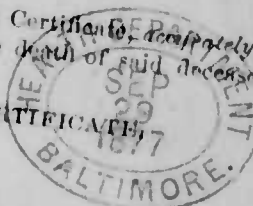
Permit No. 21053,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ^{to be properly filled} out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Sept. 29 1877

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Thomas K. Leonard

Sex, Male or Female,

Cross out the word not required in this line.

Age,

Years,

Color,

colored

Months,

2

Days.

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace, State or country (and how long in the United States, if of foreign birth.)

Balt. Md.

Duration of Residence in the City of Baltimore,

Place of Death, Give street and number.

73 A. Dunkin St

Cause of Death, First (Primary), Second (Immediate),

Breech presentation at birth
Asphyxia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Sept 30 1877

Date of Burial,

Dallas St Cemetery

Undertaker,

Geo S. Jones

Place of Business,

162, S. Dallas St

Address

Balt. & Wash. Sts

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No. 210524

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

29th of Sept 1877

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Mary Lucy Koenig

Sex, ~~Male~~ or Female,

Cross out the word not required in this line.

Age,

Years,

Months,

8 Days.

Color,

W

~~Married~~, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Prussia

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

18 S. Bethel St

Cause of Death,

First (Primary.)
Second (Immediate.)

Eclampsia neonatorum

Duration of Last Sickness,

1 day

All the above information should be furnished by the Physician

Place of Burial,

St. Louis Burying

Date of Burial,

Sept 30

Undertaker,

J. H. Brown

Place of Business,

Corner Bklyn & Bond St

Address

248 S. Monument

J. H. Brown M.D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21053

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, separately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 29th, 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Emma Marie Fentner

Sex, ~~Male~~ Female, { Cross out the words not required in this line. }

Age, 5 days

Color, White

Years,

Months,

Days

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) }

312 North Howard St

Duration of Residence in the City of Baltimore, 5 days

Place of Death, { Give street and number. } 312 North Howard St

Cause of Death, { First (Primary,) Inflammation of stomach & bowels
Second (Immediate,) Inanition }

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Sept 30th 1877

Undertaker, John Reupel

Place of Business, Balt St

H. J. Enns, M. D.

Medical Attendant.

Address, 31 West John St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

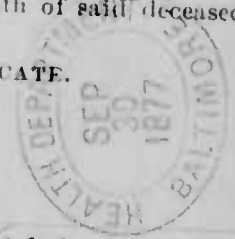
Permit No. 21056

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *Sept. 28th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Catherine C. Williams*

Sex, ~~Male~~ Female, { Cross out the words not required in this line. }

Age, *1* Years, Months, Days

Color, *Colored*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in United States, if of foreign birth.) } *Baltimore City*

Duration of Residence in the City of Baltimore, *Life*

Place of Death, { Give street and number. } *88 Peach alley*

Cause of Death, { First (Primary,) Second (Immediate,) } *Whooping Cough*

Duration of Last Sickness, *3 mos.*

All the above information should be furnished by the Physician.

Place of Burial, *Sharp St. Cem.*

Date of Burial, *Sept. 30th 1877*

{ Undertaker, *J. Davis*

{ Place of Business, *103 Lee St*

James A. Stearns M. D. Medical Attendant

Address, *Compt. & Registrar*

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information from the Father

[OVER.]

Board of Health, City of Baltimore,

Permit No. 21057

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 29th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Frank M. Henry

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 7 Years, 2 Months, 8 Days.

Color, Sex, Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 247 McHenry St

Cause of Death, { First (Primary,) Second (Immediate,) } Bronch -

Duration of Last Sickness, 30 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Octo. 1st 1899

Undertaker, J. J. Varnuth

Place of Business, J. W. Lee Poppleton & Son, Agents

Address

No 29 Annapolis St

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. **21058**

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *Sept 24 1897*

Full Name of Deceased, *John Williams*
{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, *Male*
{ Cross out the word not required in this line. }

Age, *Thirty six* Years,

Color, *White* Months,

Married, Single, Widow or Widower, *Single* Days.

Occupation, *Police*
{ Cross out the word not required in this line. }

Birthplace, *Poland Co. Ind.*
{ State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, *350 Hammer Street*

Place of Death, *Natural*
{ Give street and number. }

Cause of Death, *Apoplexy*
{ First (Primary.) Second (Immediate.) }

Duration of Last Sickness, *Two months & twenty five days*

Place of Burial, *Covered Burial Co*

Date of Burial, *Oct. 2d 1897*

Undertaker, *Chas. F. Evans*

Place of Business, *209 Hammer St.* Address *253 Hammer Street Baltimore Md.*

M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit Permit No 893

[OVER.]

Permit No. 21059

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 29 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Charles Johnson

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, One

Years, 3

Months,

Days.

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } H Alley

Cause of Death, { First (Primary,) Second (Immediate,) } Bronchitis

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 30 1877

Undertaker, Wm J. Langer

Place of Business, No 62 East 30

E. C. Baldwin

M. D.

Medical Attendant.

Address 124 N Epton St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. **26060**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Sept 29th 77
Nellie Hauel

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years,

11

Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Md
Liftonne
78 M. Kim St.

Cause of Death, { First (Primary),
Second (Immediate), }

Phthisis
3 months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, *Green*
New Cathedral

Date of Burial, *Sept 30. 77*

Undertaker, *John J. Rodenmayr*

Place of Business, *1000 Monument St*
One & Monument St

Geo. Brinkley M. D.
Medical Attendant.

Address *166 E. Eager St.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 21067

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Age,

18

Years,

6

Months,

28

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

Lifetime

Place of Death, { Give street and number. }

223 N. Front St.

Cause of Death,

{ First (Primary),
Second (Immediate). }

Dyspnoea; Pneumonia

Duration of Last Sickness,

11 days

All the above information should be furnished by the Physician.

Place of Burial, St. Peter's Cemetery

Date of Burial, Sept 30 1877

{ Undertaker, James D. Hyne

{ Place of Business, 403 N. Front St.

Edward P. McDevitt M. D.
Medical Attendant.

Address 137 N. Euter St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *21062*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of *child* deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *Sept 28-1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *James Clark*

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, *Four (4) Years, Three (3) Months,* Days.

Color, *White* Sex, *Male*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore City*

Duration of Residence in the City of Baltimore, *Since Birth*

Place of Death, { Give street and number. } *26 Frederick Ave (above Monroe)*

Cause of Death, { First (Primary), Second (Immediate). } *Diphtheritis*
Exhaustion

Duration of Last Sickness, *Four (or five, possibly) days*

All the above information should be furnished by the Physician.

Place of Burial, *Holy Cross Cemetery*

Date of Burial, *Sept 30th 1877*

{ Undertaker, James D Byrne

{ Place of Business, No 63 N Front St

Address *290 Madison Ave*

C. C. McDowell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Permit No. 21063

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of ~~any~~ deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

September 28.

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Florinda Linzyer

Sex, ~~Male~~ or Female,

Cross out the words not required in this line.

Infant

Age,

Years,

Months,

13

Days

Color,

white

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in United States, if of foreign birth.)

Baltimore

Duration of Residence in the City of Baltimore,

Since Birth

Place of Death,

Give street and number.

222. S. Paca

Cause of Death,

First (Primary,)

Second (Immediate,)

Scarlatina

Duration of Last Sickness,

Since Birth

All the above information should be furnished by the Physician.

Place of Burial,

St. Andrew's Church

Date of Burial,

Sept 30 1877

Undertaker,

Peter H. H. H.

Place of Business,

314 Mulberry St.

Theodore Cook M. D.
Medical Attendant.

Address,

14 E. Hanover St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

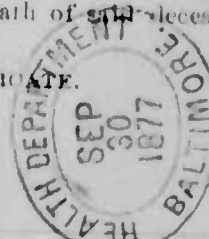
Permit No. 21064

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of ~~any~~ deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

September 29

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Coligunder Lutzmyer

Sex, M or Female,

Cross out the words not required in this line.

Age,

Years,

Months,

14

Days

Color,

White

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in United States, if of foreign birth.)

Baltimore

Duration of Residence in the City of Baltimore,

Since Birth

Place of Death,

Give street and number.

222 S. Paca

Cause of Death,

First (Primary,)

Second (Immediate,)

Inanition

Duration of Last Sickness,

Since Birth

All the above information should be furnished by the Physician.

Place of Burial,

Alfred W. Lumb

ate of Burial,

Sept 30th 1877

Undertaker,

John H. Himmick

Place of Business,

311 N. Broadway

Theodore Biddle

M. D.

Medical Attendant.

Address, 146 N. Howard St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE



CERTIFICATE OF DEATH.

September 30th 1877

Charles E. Quind

Age, *Seven* Years,

Months, Days
White

Occupation,

City of Baltimore

Place of Death, { Give street and
number. }

263 N. Gay str
Valvular Disease of the heart
Acute Bronchitis
3 months

3 months

All the above information should be furnished by the Physician.

A. Bronckhorst M.D.
Medical Attendant.

Medical Attendant

Address 254 N. Caroline Str

May 5/

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

[OVER.]

[OVER.]

Permit No. 21066

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *September 29*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Ann L. Raynor*

Sex, *Male* or Female, { Cross out the words not required in this line. }

Age, *1* Years, *3* Months, *3* Days

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) } *Baltimore*

Duration of Residence in the City of Baltimore, *Since Birth*

Place of Death, { Give street and number. } *278 York St*

Cause of Death, { First (Primary,) Second (Immediate,) } *Malaria*
Dysentery

Duration of Last Sickness, *14 Weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Baltimore Cemetery*

Date of Burial, *September 30*

Undertaker, *B. Tharle* Address, *146 Hancock St*

Place of Business, *411 Light Street*

Therrow Costa M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

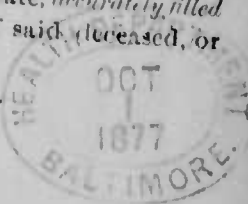
Permit No. 21067

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

September 30

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Charles F. Bachman

Sex, Male or ~~Female~~

Cross out the words not required in this line.

Age,

1

Years,

2

Months,

20

Days

Color,

White

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in United States, if of foreign birth.)

Baltimore

Duration of Residence in the City of Baltimore,

Since Birth

Place of Death,

Give street and number.

20 Cleburn St

Cause of Death,

First (Primary),

Second (Immediate),

Tubercular Meningitis

Duration of Last Sickness,

5 days

All the above information should be furnished by the Physician.

Place of Burial, Smith Hill Cemetery

Place of Burial, Beth

Undertaker, A. Weidenmeyer

Place of Business, 518 1/2 W. Balto St

Thermon C. G. B. M. D.
Medical Attendant.

Address, 146 E. Canton

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 21068

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *Betty Clapham Mason*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } *September 30, 1877*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *10* Years, *1* Months, *3* Days.

Color, *white* Sex, *Female*

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore*

Duration of Residence in the City of Baltimore, *Seven years*

Place of Death, { Give street and number. } *169 St. Paul St*

Cause of Death, { First (Primary), Second (Immediate), } *Diphtheria*
Toxæmia, Exhaustion

Duration of Last Sickness, *five days*
All the above information should be furnished by the Physician.

Place of Burial, *Green Mt. Cemetery*

Date of Burial, *Oct. 1 - 1877*

Undertaker, *A. W. Jenkins & Son* Medical Attendant, *W. H. P. M. D.*

Place of Business, *16 Light St* Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No. 21069

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Sept. 29 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Eric Taylor

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 110 Years,

Months,

Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Servant

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Accomac, Co. Va.

Duration of Residence in the City of Baltimore,

7 years

Place of Death, { Give street and number. }

165 York St.

Cause of Death, { First (Primary,) Second (Immediate,) }

Old age,
2 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Lawrence Cemetery

Date of Burial,

Oct 10 1877

{ Undertaker, Samuel W. Chase

{ Place of Business, 6198 Howard St.

R. M. Haw

M. D.

Medical Attendant.

Address

262 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

K O D A K

Permit No. 21070

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, September 30
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Caroline Stiner
Sex, ~~Male~~ Female, { Cross out the word not required in this line. }
Age, 38 Years, Months, Days.
Color, Col Sex, Female
Married, Single, Widow or ~~Widower~~, { Cross out the words not required in this line. } ~~Frederick Co Md~~
Occupation, Cook
Birthplace, { State or country (and how long in the United States, if of foreign birth. } Freedon Carroll Co Maryland
Duration of Residence in the City of Baltimore, 21 years
Place of Death, { Give street and number. } ~ 20 Greenbellow St
Cause of Death, { First (Primary) } Cancer
{ Second (Immediate.) }
Duration of Last Sickness, Four Months
All the above information should be furnished by the Physician.
Place of Burial, Laurel Cemetery
Date of Burial, Oct 2 1877 M. D.
Medical Attendant, W. J. Liberty
{ Undertaker, B. W. Chase }
{ Place of Business, 42 Howard St } Address 33 South Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. *21071*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Sept. 30th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Belle Dixon

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *15* Years,

Months,

Days.

Color,

White

Sex,

Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

West Virginia

Duration of Residence in the City of Baltimore,

About 2 Years.

Place of Death, { Give street and number. }

415 W. Henry St.

Cause of Death, { First (Primary,) Second (Immediate,) }

Consumption.

Duration of Last Sickness,

About 6 Months.

All the above information should be furnished by the Physician.

Place of Burial, *Baltimore cemetery*

Date of Burial, *Oct 1st 1877*

{ Undertaker, *A. B. Cook*

{ Place of Business, *No 704 W Baltimore Street*

Address

J. W. White M. D.
Medical Attendant.

67 N. Filmer St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city; it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 21072

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, September 27, 1877
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Ellen Mason Campbell
Sex, ~~Male~~ Female, { Cross out the word not required in this line. }
Age, 8 Years, 9 Months, Days.
Color, White Sex, Female
~~Married~~, Single, ~~Widow~~, ~~Widower~~, { Cross out the words not required in this line. }
Occupation,
Birthplace, { State or country (and how long in the United States, if of foreign birth. } N. Orleans
Duration of Residence in the City of Baltimore, Five Years
Place of Death, { Give street and number. } 169 St. Paul St.
Cause of Death, { First (Primary,) Diphtheria
{ Second (Immediate,) Exhaustion
Duration of Last Sickness, Five days
All the above information should be furnished by the Physician.
Place of Burial, Green Mount
Date of Burial, Sept 30
{ Undertaker, H. W. Jenkins & Co
{ Place of Business, 16 Light St
Address, Dr. Joseph P. Griffin M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Special permit granted for above by Dr. Jas. Stewart [OVER.
Sat. Sep. 27-

Permit No. 21073.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Sex, ~~Male~~ or Female,

Cross out the word not required in this line.

Age,

Years,

Months,

Days.

Color,

Sex,

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

Cause of Death,

First (Primary),

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

Undertaker,

Place of Business,

Address

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 21074

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents }

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years,

Months,

Days.

Color,

Sex,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Friends Burial Ground

Date of Burial, Oct 1

Undertaker,

Place of Business,

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 24075

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

September 31

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

John H. Bauers

Sex, Male or Female, { Cross out the words not required in this line. }

Age, 1 Years, 8 Months, 25 Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number. }

726. Light St

Cause of Death, { First (Primary,) Second (Immediate,) }

Diphtheria

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, { } { } { }

Date of Burial, { } { } { }

{ Undertaker, { } { } { }

{ Place of Business, { } { } { }

Thos. Cook M. D.
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 21076

OFFICE OF REGISTRAR OF VITALS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *Sept 30 - 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Annis Macellan*

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *24* Years, _____ Months, _____ Days.

Color, *Pr*

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore*

Duration of Residence in the City of Baltimore, _____

Place of Death, { Give street and number. } *262 N Eutam St*

Cause of Death, { First (Primary), Second (Immediate), } *Epilepsy*
acute Mania

Duration of Last Sickness, *10 days*

All the above information should be furnished by the Physician

Place of Burial, *Louder Park Cemetery*

Date of Burial, *October 2^d 1877*

W. H. Minlow M. D.
Medical Attendant.

{ Undertaker, *Jacob Weaver*

{ Place of Business, *Nos 486 David Hill Ave*

Address *23 McCulloch St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

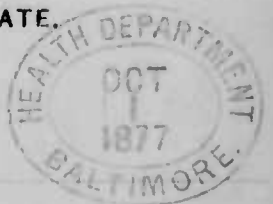
Permit No. 21077

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, Sept 30 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Sarah E Sinclair

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 38 Years, Months, Days.

Color, White Sex, Female

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Frederick Co

Duration of Residence in the City of Baltimore, 8 years

Place of Death, { Give street and number. } 193 Hudson St Camden

Cause of Death, { First (Primary,) Consumption lungs
Second (Immediate,)

Duration of Last Sickness, 1 year 3 months

All the above information should be furnished by the Physician.

Place of Burial, St. Paul's Church

Date of Burial, October 1st 1877

{ Undertaker, Henry Sander

{ Place of Business, 252 Canton St Address 193 Broadway

E. J. Way M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 21078

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *September 30th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Malvina King*

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, *25* Years, *7* Months, *5* Days.

Color, *white* Sex, *female*

Married, ~~Single, Widowed, or Widower~~ { Cross out the words not required in this line. }

Occupation, *housekeeper*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore Md.*

Duration of Residence in the City of Baltimore, *lifetime*

Place of Death, { Give street and number. } *corn. Croft & Corington Streets*

Cause of Death, { First (Primary,) Second (Immediate,) } *Chronic Pneumonia, Consumption*

Duration of Last Sickness, *2 years*

All the above information should be furnished by the Physician.

Place of Burial, *London Park*

Date of Burial, *October the 2^d*

Undertaker, *M. Whitting*

Place of Business, *corner of Eliot and Canton Sts* Address *165 W. Lombard St.*

Henry Salzer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 21079

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Sept 30 1877

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Lori August Kaiser

Sex, ~~Male~~ Female,

Cross out the words not required in this line.

(Parent)

Age,

Years,

Months,

2

Days

Color,

white

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in United States, if of foreign birth.)

Baltimore City

Duration of Residence in the City of Baltimore,

Life

Place of Death,

Give street and number.

32 E. Pratt St

Cause of Death,

First (Primary.)

Premature Birth (8 mos)

Second (Immediate.)

Convulsions

Duration of Last Sickness,

2 days

All the above information should be furnished by the Physician.

Place of Burial,

St. Peter's Cemetery

Date of Burial,

October 1 1877

James A. Stearns M.D.

Undertaker,

Michael Yeager

Place of Business,

Superintendent

Address,

Commissioner of Health
& Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Crescentia Kunkel
Midwife

21080

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Sept-20th 8.45 P.M.

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Conrad Lindt

Sex, Male ~~or Female~~,

Cross out the word not required in this line.

Age,

Years,

9

Months,

24

Days.

Color,

White

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

261 North Eden St

Cause of Death,

First (Primary),
Second (Immediate),

Nothing

Duration of Last Sickness,

Three weeks

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore Cemetery

Date of Burial,

October 1 1877

Undertaker,

Henry Hock

Place of Business,

307 Central Ave

Alfred S. Harkins

M. D.

Medical Attendant.

Address

11 S High St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 21081

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

September 29th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Hervey K. Maxwell

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 35 Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

111

Occupation,

Marble Cutter

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore City.

Duration of Residence in the City of Baltimore,

Since birth

Place of Death, { Give street and number. }

120 St Greene st.

Cause of Death, { First (Primary,) Second (Immediate,) }

Typhoid Fever

Duration of Last Sickness,

Fever 15 days, Prostration 14 days.

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem.

Date of Burial, Oct 1st 77

Chas A Pennington M. D.
Medical Attendant.

Undertaker, C. H. Blizzards

Place of Business, 201 Penna Ave

Address 98 St Greene st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 21082

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, Sept 29th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Caroline T. Key

Sex, Male or Female, { Cross out the words not required in this line. }

Age, 40 Years, _____ Months, _____ Days

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } W. Morrison St.

Cause of Death, { First (Primary,) Measles, Second (Immediate,) Exhaustion }

Duration of Last Sickness, About ten days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, October 2d 1877

{ Undertaker, Jacob Weaver

{ Place of Business, NB 4p 6 David Hill St

Address, _____

Charles Q. Brown M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21083

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the words not required in this line. }

Age, 11 Years,

Color, White Months,

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Days

Occupation,

Birthplace, { State or country (and how long in United States, if or foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Chesapeake Cemetery

Date of Burial, Oct 2nd 1877

Undertaker, J. B. Cook

Place of Business, No 707 W Baltimore street

Address, 229 Maryland Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

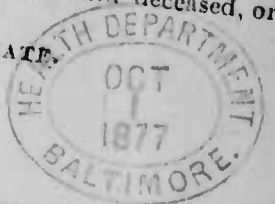
[OVER.]

Permit No. 21084

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, Sept 30

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Ellen Cannon

Sex, ~~Male~~ or Female, { Cross out the words not required in this line. }

Age, 78 Years,

Color, White

Months,

Days

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) }

Ireland

Duration of Residence in the City of Baltimore,

25 years

Place of Death, { Give street and number. }

Balt. Infirmary

Cause of Death, { First (Primary,) }

Injuries from Street Cars

{ Second (Immediate,) }

Asthma & old age

Duration of Last Sickness,

60 days

All the above information should be furnished by the Physician.

Place of Burial, St Peter's Cemetery

Date of Burial, Oct 1 1877

Undertaker, J B Cook

Place of Business, 1074 N. Baltimore Street

T A Ashby

M. D.

Medical Attendant.

Address, Univ Hospital

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 21085

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, Sept 30th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jno. Crowley

Sex, Male or ~~Female~~, { Cross out the words not required in this line. }

Age, 36

Years,

Months,

Days

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Laborer

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Ireland

Duration of Residence in the City of Baltimore, 22 years

Place of Death, { Give street and number. } Balt. Infirmary

Cause of Death, { First (Primary,) Second (Immediate,) } Concussion of the Spine

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Peter's cemetery

Date of Burial, Oct 1st 1877

{ Undertaker, J. B. Cook

{ Place of Business, No 707 W. Baltimore Street

J. T. Sledge, M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 21086

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Sept 30th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Mühl, J. Doyle

Sex, Male or Female,

Cross out the words not required in this line.

Age,

2 Years,

8 Months,

Days

Color,

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in United States, if of foreign birth.)

Balto City

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

382. S. Charles.

Cause of Death,

First (Primary.)

Second (Immediate.)

Croup. Membranous.

Duration of Last Sickness,

3 days

All the above information should be furnished by the Physician.

Place of Burial,

St Peter's Cemetery

Date of Burial,

Oct 1st 1877

R. J. N. Tall.

M. D.

Medical Attendant.

Undertaker,

Henry W. Mears

Place of Business,

415 N. Gay St

Address,

152. S. Sh

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 21087

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents }

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Color,

Years,

Months,

Days.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary), Second (Immediate). }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemetery

Date of Burial, Oct 2nd 1877

Undertaker, W. Froehlich

Place of Business, 246 Eastern Ave

Address

M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 21088

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

October 1 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Patrick Welch

Sex, Male or Female,

Cross out the words not required in this line.

Age,

50

Years,

Months,

Days

Color,

Southside

Married,

~~Single~~ ~~Married~~

Cross out the words not required in this line.

Occupation,

Laborer

Birthplace,

State or country (and how long in United States, if of foreign birth.)

Ireland 21 years

Duration of Residence in the City of Baltimore,

21 years

Place of Death,

Give street and number.

70 Burst Alley

Cause of Death,

First (Primary.)

Second (Immediate.)

Consumption

Duration of Last Sickness,

12 weeks.

All the above information should be furnished by the Physician.

Place of Burial,

Balt. Cem. &

Date of Burial,

Oct 3 1877

James A. Sturges M.D.

Undertaker,

A. B. Cook

Place of Business,

707 N. Balt. St.

Address, Commr. of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Investigation by Wm. Carroll, Sanitary Inspector

89
The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents }

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, *Southern Park*

Date of Burial, *October 1st 1877*

{ Undertaker, *Jacob Weaver*

{ Place of Business, *No 416 Druid Hill Avenue*

Address

99 Argyle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 21090

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Sept 30 1877

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Robt. Murphy

Sex, Male or Female,

Cross out the words not required in this line.

Age,

22

Years,

Months,

Days

Color,

White

Married, Single, Widowed, or Widower,

~~Widowed~~

Cross out the words not required in this line.

Occupation,

Miner

Birthplace,

State or country (and how long in United States, if of foreign birth.)

Ireland (4 yrs in America)

Duration of Residence in the City of Baltimore,

1 yr.

Place of Death,

Give street and number.

St. Joseph's Hospital

Cause of Death,

First (Primary),

Pleuro-Pneumonia Typhoides

Second (Immediate),

Exhaustion

Duration of Last Sickness,

2 weeks

All the above information should be furnished by the Physician.

Place of Burial,

St. Patrick's Church

Date of Burial,

Oct 2 1877

Undertaker,

H. Schulteis

Place of Business,

Monmouth St

Address,

1884 Calver St

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

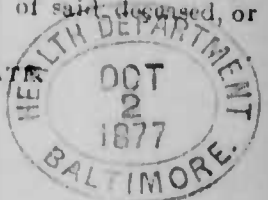
Permit No. 21091

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

CERTIFICATE OF DEATH.



Date of Death,

October 1,

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Charles A. Watts.

Sex, Male or Female,

Cross out the words not required in this line.

Age,

4

Years,

3

Months,

Days

Color,

Black

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in United States, if of foreign birth.)

Baltimore

Duration of Residence in the City of Baltimore,

Since Birth

Place of Death,

Give street and number.

369 West St

Cause of Death,

First (Primary),

Second (Immediate),

Dysphoria Fever
1-5 Days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Wheat St

Date of Burial,

October 2

Undertaker,

Wheat St

Place of Business,

12180 N. Y. St

Address,

146 E. Howard St

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 21092

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, Oct. 1. 77

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } Leona V. England

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 4

Years,

4

Months,

1

Days.

Color, white

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, —

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } No. 2 German

Cause of Death, { First (Primary,) Second (Immediate,) } Periparturient

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, Oct 2^d 1877

{ Undertaker, Geo H. Weaver

{ Place of Business, 22 Gayette St

Ch L. Loneyhill

M. D.

Medical Attendant.

Address 129 W. Biddle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

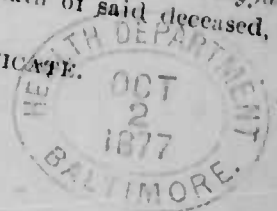
Permit No. 21093

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

CERTIFICATE OF DEATH.



Date of Death,

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, ~~Male~~ Female,

{ Cross out the words not required in this line. }

Age,

3 Years,

Color,

white

Months,

17 Days

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary), Second (Immediate), }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Friends Anna Kaufman

Date of Burial, Oct 30 1877

Undertaker,

Place of Business,

Hughes & Co
330 Fayette

John Hood M.D.
Medical Attendant.

Address, 2 N. Carey St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 27094
The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *att 4 Years,*

Color, *white*

Months,

Days.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore, *1 year*

Place of Death, { Give street and number. }

Cause of Death, { First (Primary.) Second (Immediate.) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, *Baltimore*

Date of Burial, *Oct 2 1877*

Undertaker, *Arch. Weaver*

Place of Business, *446 David Hill Avenue*

Address *231 W. Biddle*

R. Winslow M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 21095

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, Oct 1st 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } David Moore

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 38 Years, Months, Days.

Color, ed

Married, Single, Widower or Widow, { Cross out the words not required in this line. }

Occupation, Waiter

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore County Md

Duration of Residence in the City of Baltimore, 17 years

Place of Death, { Give street and number. } Tyson 314

Cause of Death, { First (Primary,) about 5 days }
{ Second (Immediate,) Apoplexy }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balt Co md.

Date of Burial, Oct 2nd 1877

{ Undertaker, Wm James Gray }
{ Place of Business, 65 Mulberry St }

E. C. Baldwin M. D.
Medical Attendant.

Address 124 N. Euter

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 21096

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Oct. 1st 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents }

John P. Maiden

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

32

Years,

8

Months,

10

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Married

Occupation,

Car Maker

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

Since birth

Place of Death, { Give street and number. }

358 Gaymans St.

Cause of Death, { First (Primary,) Second (Immediate,) }

Softening of brain
Convulsion

Duration of Last Sickness,

2 yrs.

All the above information should be furnished by the Physician.

Place of Burial,

Linden Park

Date of Burial,

Oct 3rd 1877

H. F. Hill

M. D.

Medical Attendant.

{ Undertaker,

Gas Lane Sand

{ Place of Business,

528 W. Balt.

Address

113 N. Front

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 21097

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Sept 30 1897

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Carlus C. Schenkel

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Age,

11

Years,

Months,

Days.

Color,

White

Married, Single, ~~Widow~~ or ~~Widower~~,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Balto City

Duration of Residence in the City of Baltimore,

Life

Place of Death,

{ Give street and number. }

239 Light St

Cause of Death,

{ First (Primary),
Second (Immediate), }

Diphtheria

Duration of Last Sickness,

3 days

All the above information should be furnished by the Physician.

Place of Burial,

London Park Cemetery

Date of Burial,

October 2nd

Undertaker,

J. H. Groll

Place of Business,

131 Hanover St

Address

144 Hanover St

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 21098

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, Oct 1 1877
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Margaret Kirkham
Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }
Age, 34 Years, 11 Months, Days.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation, Housewife

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Germany. In U.S. 6 years
Duration of Residence in the City of Baltimore, 6 years

Place of Death, { Give street and number. } 310 Chesapeake

Cause of Death, { First (Primary.) Accidental explosion of coal oil lamp
Second (Immediate.) Burn
Duration of Last Sickness, 7 hours

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Oct. 2nd 1877

Undertaker, Wm. H. Chapman

Place of Business, 234 N. Gay St.

Edmund D. Perrin M. D.
Medical Attendant.

Address, Coroner M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 21099

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Oct 1/77

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Oney Malloy

~~Sex~~ Male ~~or~~ Female,

Cross out the words not required in this line.

Age,

Years,

12 Months,

Days

Color,

white

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace, State or country (and how long in United States, if of foreign birth.)

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, Give street and number.

197 Washington St

Cause of Death,

First (Primary),

Second (Immediate),

Cholera Infantum

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Peter's Cemetery

Date of Burial, October 2th 1877

Undertaker, H. W. Gilmeier

Place of Business, 341 Canton St.

Address,

117 Broadway

R. W. Mansfield

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 21100

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Oct 1st

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Nora Fleming

Sex, ~~Male~~ Female, { Cross out the words not required in this line. }

Age, 21 Years,

Color,

White

Months,

Days

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Servant Girl

Birthplace, { State or country (and how long in United States, if of foreign birth.) }

Ireland

Duration of Residence in the City of Baltimore,

Six months

Place of Death, { Give street and number. }

Balt. Infirmary

Cause of Death, {

First (Primary),

Typhoid fever

Second (Immediate),

Asthenia

Duration of Last Sickness,

3 weeks

All the above information should be furnished by the Physician.

Place of Burial,

Holy Cross Cem

Date of Burial,

Oct 3rd 1877

{ Undertaker,

Wm T. Scriven

{ Place of Business,

271 N. Eutaw St

T. A. Ashby

M. D.

Medical Attendant.

Address,

Univ. Hospital

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 21101

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, 2nd Oct.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jar: Nicholas

Sex, Male or Female, { Cross out the words not required in this line. } male

Age, 6 Years, 2 Months, 20 Days

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, no

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Balt

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 91 W. Monument St

Cause of Death, { First (Primary,) Malignant Diphtheria
Second (Immediate,) "

Duration of Last Sickness, about 1 week

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, Oct. 2nd 1877

{ Undertaker, J. M. Jenkins & Son

{ Place of Business, 16 Light St

J. Bruce Collier M.D.

Medical Attendant.

Address, 108 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 21102

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *Sept. 30 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Grand*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } *mother Name ~~Georganna~~ Mary*

Age, _____ Years, _____ Months, *14* Days.

Color, *colored*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Balt. Md.*

Duration of Residence in the City of Baltimore, *During life*

Place of Death, { Give street and number. } *5 Clare Alley*

Cause of Death, { First (Primary,) Second (Immediate,) } *Tetanus*

Duration of Last Sickness, *4 days*

All the above information should be furnished by the Physician.

Place of Burial, *Laurel Cemetery*

Date of Burial, *October 1st*

{ Undertaker, *James Davis* } *R. M. Hall* M. D. Medical Attendant.

{ Place of Business, *one St* } Address *262 S. Sharp St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 21103

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Oct 1st 1877

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Matilda Dow

Sex, ~~Male~~ Female,

Cross out the words not required in this line.

Age,

Six

Years,

Months,

Days

Color,

White

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

None

Birthplace,

State or country (and how long in United States, if of foreign birth.)

Anna Amundel County Md. D.

Duration of Residence in the City of Baltimore,

Two weeks

Place of Death,

Give street and number.

cto 49 North Bond St

Cause of Death,

First (Primary.)

Second (Immediate.)

Scarlatina Maligna

Duration of Last Sickness,

Three days

All the above information should be furnished by the Physician.

Place of Burial

Lansy Court etc

Date of Burial,

Oct 2nd 1877

Undertaker

Wm P Byrne

Place of Business,

63 Front

Milton S Taylor M.D.
Medical Attendant.

Address, Broadway & N. E. Street

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 895

[OVER.]

Permit No. 21104

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

CERTIFICATE OF DEATH.

Date of Death, Sept 30th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } George W. Eastman. Alias McGuire

Sex, Male or Female, { Cross out the words not required in this line. } Male

Age, in 33^{yr} Years, 33

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Carpenter

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Friesland Parish, Devon Co. England

Duration of Residence in the City of Baltimore, 88 North Broadway

Place of Death, { Give street and number. } 88 North Broadway

Cause of Death, { First (Primary,) Cancer of Stomach

{ Second (Immediate,) Made postmortem

Duration of Last Sickness, Thirty one day

All the above information should be furnished by the Physician.

Place of Burial, St Vincent's

Date of Burial, Oct 2nd 1877

Undertaker, Ohas Rossing

Place of Business, E Fayette St

Address, 18 Virginia St. Balt.

M. D. Medical Attendant.

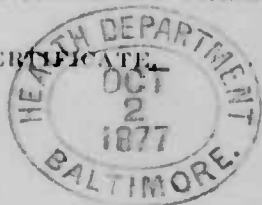
Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *Oct 12 1877*

Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents. *William Tillinger*

Sex, Male or ~~Female~~, Cross out the word not required in this line.

Age, *2* Years, Months, Days.

Color, *White*

Married, Single, Widow or Widower, Cross out the words not required in this line.

Occupation,

Birthplace, State or country (and how long in the United States, if of foreign birth.) *Baltimore*

Duration of Residence in the City of Baltimore, *Since Birth*

Place of Death, Give street and number. *508 W. Baltimore St. Montford St*

Cause of Death, First (Primary), Second (Immediate), *Diphtheria*

Duration of Last Sickness, *About 4 days*

All the above information should be furnished by the Physician.

Place of Burial, *Baltimore Cemetery*

Date of Burial, *Oct 3*

Undertaker, *J. H. Cich*

Place of Business, *107 West Baltimore*

Address, *382 W. Fayette*

W. R. McChesney M. D. Medical Attendant.

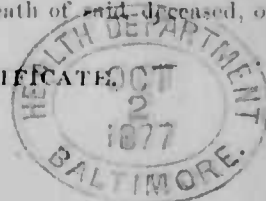
Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

1106
111
The person who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE



CERTIFICATE OF DEATH.

Date of Death, *October 1st 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *William H. Gilbert*

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, *50* Years, *14* Months, *28* Days.

Color, *white*

~~Married~~, ~~Single~~, ~~Widow~~ ~~or~~ ~~Widower~~, { Cross out the words not required in this line. }

Occupation, *Superintendent Red Line Balt. City Pass Railway*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Hagerstown - MD*

Duration of Residence in the City of Baltimore, *25* years

Place of Death, { Give street and number. } *890 N Baltimore St*

Cause of Death, { First (Primary,) *Apoplexy* }
{ Second (Immediate,) }

Duration of Last Sickness, *Two days*

All the above information should be furnished by the Physician.

Place of Burial, *Brownson. Naylor Co. Md*

Date of Burial, *October 3rd 1877*

{ Undertaker, *M. A. Dargen* }
{ Place of Business, *74 S. Broadway* }

W. H. Register M. D.
Medical Attendant.

Address *W. H. Register Baltimore*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 896

[OVER.]

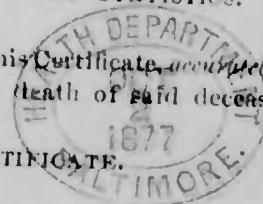
Board of Health, City of Baltimore,

Permit No. 21107

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

Oct 1st 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Augustus Klingler

Sex, ~~Male or Female~~,

Cross out the words not required in this line.

Age,

42

Years,

Months,

Days

Color,

W

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,

Cross out the words not required in this line.

Occupation,

Shoemaker

Birthplace,

State or country (and how long in United States, if of foreign birth.)

Germany (25 yrs in U.S.)

Duration of Residence in the City of Baltimore,

4 days

Place of Death,

Give street and number.

D. Joseph Hospital

Cause of Death,

First (Primary.)

Colica Pictonum

Second (Immediate.)

General Paralysis (Acute)

Duration of Last Sickness,

7 Wks

All the above information should be furnished by the Physician.

Place of Burial,

Chapel Lane Pa

Date of Burial,

Oct 3rd 1877

Undertaker,

Henry Smith

Place of Business,

327 N. Calver St

Chas. J. Conroy M.D.
Medical Attendant.

Address, 188 N. Calver St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 897

[OVER.]

Permit No. 21108

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, September 29th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Es A S Allender

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 2 Years, 2 Months, 29 Days.

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, _____

Place of Death, { Give street and number. } 109 Schroeder st

Cause of Death, { First (Primary), Second (Immediate). } Convulsions

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician

Place of Burial, Balto Cemetery

Date of Burial, Oct. 3rd

Undertaker, J. T. Hammond

Place of Business, Cor Lexington & Appleton City

H. Darling M. D.
Medical Attendant

143 Mulberry st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

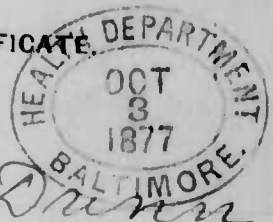
[OVER.]

21.109
OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *October 1st 1877*
 Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Richard D. Dwyer*
 Sex, Male or Female, { Cross out the word not required in this line. }
 Age, *70* Years, *2* Months, *2* Days.
 Color, *white* Sex, *Male*
 Married, Single, Widow or Widower, { Cross out the words not required in this line. }
 Occupation, *Rigger*
 Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Ireland*
 Duration of Residence in the City of Baltimore, *Thirty years*
 Place of Death, { Give street and number. } *20 Stiles St.*
 Cause of Death, { First (Primary,) *Hepatic Cirrhosis.*
 { Second (Immediate,) *Ascites, Pericard. & Thoracic Effusion*
 Duration of Last Sickness, *Three months*
 All the above information should be furnished by the Physician.
 Place of Burial, *St Vincents Cemetery*
 Date of Burial, *October 3rd 1877*
 { Undertaker, *Joe P Byrne*
 { Place of Business, *63 Front St* Address
Christopher J. Byrne M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

1110

OFFICE OF REGISTRAR OF VITALS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH



Date of Death,

October 2nd

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Male or Female,

Cross out the words not required in this line.

Abraham S. Foster

Age,

Years,

2

Months,

31

Days

Color,

White

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

Since Birth

Place of Death,

{ Give street and number. }

347 Sharp St.

Cause of Death,

{ First (Primary), }

{ Second (Immediate), }

Tubercular Meningitis

Duration of Last Sickness,

3 weeks

All the above information should be furnished by the Physician.

Place of Burial,

Mount Olivet cemetery

Date of Burial,

October 3 1877

Thurmon C. Cook

M. D.

Medical Attendant.

{ Undertaker,

Charles H. Herold

{ Place of Business,

161 Hanover St.

Address, 146 Cameron St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

21111
OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *October 2 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } *Oris H. Willyard*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *86* Years, Months, *11* Days.

Color, *White* Sex, *Female*

~~Married~~, Single, Widower, ~~Widow~~, { Cross out the words not required in this line. }

Occupation, *—*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Maryland*

Duration of Residence in the City of Baltimore, *30 years*

Place of Death, { Give street and number. } *35 W Chester St*

Cause of Death, { First (Primary,) Second (Immediate,) } *Age*

Duration of Last Sickness, *—*

All the above information should be furnished by the Physician.

Place of Burial, *Green Mt Cemetery*

Date of Burial, *Oct 4th 1877*

E. J. Key M. D.
Medical Attendant.

Undertaker, *Hughes & Co*

Place of Business, *65 S Broadway* Address *19 S Broadway*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *October 1st 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Thos J. Owens*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, *32* Years, _____ Months, _____ Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Single*

Occupation, *Carpenter*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Balt.*

Duration of Residence in the City of Baltimore, _____

Place of Death, { Give street and number. } *21. Argyle Ave*

Cause of Death, { First (Primary,) Second (Immediate,) } *Pulmonary Consumption*

Duration of Last Sickness, *One year*

All the above information should be furnished by the Physician.

Place of Burial, *St. John's Cem*

Date of Burial, *3rd Oct 1877*

Undertaker, *Wm Deuker & Son*

Place of Business, *16 Light St*

Address *279. W Lombard*

Edw J. Lieberman M.D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

773,
Who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

October 3rd 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Joseph Ruzicka

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

~~Years~~

Months,

Six

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

City of Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

40 Barnes Str

Cause of Death, { First (Primary,) Second (Immediate,) }

Convulsions

Duration of Last Sickness,

24 hours

All the above information should be furnished by the Physician.

Place of Burial,

Saint Alphons Cemetery

Date of Burial,

3 October

Abronsohn M. D.
Medical Attendant.

{ Undertaker,

Adam Fink

{ Place of Business,

461 N. Gay St

Address

254 N. Caroline Str.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

114
OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *Oct 6 1.*
Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. *Frederick Richter*
Sex, *Male* or *Female*, Cross out the word not required in this line.
Age, *2* Years, *11* Months, *—* Days.
Color, *White* Sex, *Male*
Married, Single, Widow or Widower, Cross out the words not required in this line.
Occupation,
Birthplace, State or country (and how long in the United States, if of foreign birth.) *Baltimore*
Duration of Residence in the City of Baltimore, *Lifetime*
Place of Death, Give street and number. *69 N. Broadway*
Cause of Death, First (Primary) Second (Immediate.) *Dysentery*
Duration of Last Sickness, *3 weeks* *Convulsion*
All the above information should be furnished by the Physician.
Place of Burial, *Loudon Park Cemetery*
Date of Burial, *Oct 3^d 1877*
Undertaker, *My & Bro* Address *137 N. Fayette St*
Place of Business, *54 N Broadway*

A. H. Rawitz M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

115
out, to the Undertaker or other
sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

October 2, 1877

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Joseph Neill

Sex, Male or Female,

Cross out the words not required in this line.

Age,

Years,

white

11

Months,

25

Days

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.)

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number.

13 Elizabeth St

Cause of Death, { First (Primary),

Second (Immediate),

Chol Infantum

Duration of Last Sickness,

5 days

All the above information should be furnished by the Physician.

Place of Burial,

Balt Cemetery

Date of Burial,

Oct 3, 1877

Undertaker,

Place of Business,

Harley Light St

Leetius Hall M.D.
Medical Attendant.

Southern Dispensary

45 Conway St

his Office

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

116

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, October 2, 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } George Clinton

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 38 Years, 6 Months, Days.

Color, Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, Brauer

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Germany, Bavaria

Duration of Residence in the City of Baltimore, 12 Years

Place of Death, { Give street and number. } Fred. Str. 193 Baltimore

Cause of Death, { First (Primary,) Phtisis trachealis et Laryngea
Second (Immediate,) }
Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, Oct 5th 1877

Undertaker, John P. Paul's

Place of Business, 66 Frederickan Address

J. Philip Smith M. D.
Medical Attendant

A. H. E. Lambert & Co.

Extract from Regulations of the Board of Health to secure full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *October 2nd 1877*
 Full Name of Deceased, *John Thomas Hoffman*
 Sex, Male or Female, *Male*
 Age, *22* Years, *3* Months, *3* Days.

Color, *White*
 Married, Single, Widow or Widower, *Single*
 Occupation, *None*

Birthplace, *Balt., Md.*
 Duration of Residence in the City of Baltimore, *Whole life*
 Place of Death, *734 W. Lombard St.*
 Cause of Death, *Diphtheria*

Duration of Last Sickness, *4 days*

All the above information should be furnished by the Physician.

Place of Burial, *Western Cemetery*
 Date of Burial, *Oct 4th 1877*
 Undertaker, *John A. Paniel's*
 Place of Business, *66. Frederick St.*

James Bosley M. D.
 Medical Attendant.
 Address *365 Hollins St. Balt., Md.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

1778

Who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *October 2d 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Annie M. Whyte*

Sex, ~~Male~~ *Female*, { Cross out the word not required in this line. }

Age, *67* Years, Months, Days.

Color, *Black*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, *Laundress*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Maryland*

Duration of Residence in the City of Baltimore, *60 years*

Place of Death, { Give street and number. } *North St No. 5*

Cause of Death, { First (Primary,) Second (Immediate,) } *Dropsy*
Ascites

Duration of Last Sickness, *9 months*

All the above information should be furnished by the Physician

Place of Burial, *Laurel Cemetery*

Date of Burial, *Oct 4th 1877*

{ Undertaker, Place of Business, } *Wm J Gray*
65 Mulberry St

Chris Sawett M. D.
Medical Attendant.

Address *92 Mosier St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

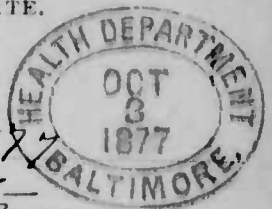
[OVER.]

119
OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

October 2nd 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Andrew Butz

Sex, Male or Female, { Cross out the words not required in this line. }

Male

Age, 55 Years,

Months,

Days

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Married

Occupation,

Cooper

Birthplace, { State or country (and how long in United States, if of foreign birth.) }

Germany

Duration of Residence in the City of Baltimore,

32 years

Place of Death, { Give street and number. }

31 Elizabeth Lane

Cause of Death, { First (Primary,) Second (Immediate,) }

Perforation of the Heart
Short.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Sept. 27th 1877

Undertaker, Julius Kachler

R. W. Cox

R. C. Lee M. D.

Place of Business, 607 Thayer Bldg St

Address, Hanover & Barr Sts.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when a case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

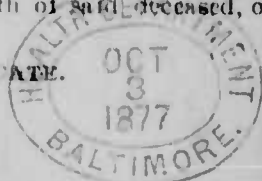
[OVER.]

120

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *October 2nd 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Ann + Joseph^h Rungtimmer*

Sex, *Male* or ~~Female~~, { Cross out the words not required in this line. }

Age, *—* Years, *—* Months, *half hour* Days

Color, *white*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, *—*

Birthplace, { State or country (and how long in United States, if of foreign birth.) } *Balt City*

Duration of Residence in the City of Baltimore, *Life*

Place of Death, { Give street and number. } *77 Grindell St*

Cause of Death, { First (Primary,) *Asphyxia* Second (Immediate,) *Life* }

Duration of Last Sickness, *Life*

All the above information should be furnished by the Physician.

Place of Burial, *Unity Lutheran Church*

Date of Burial, *Oct 3rd 1877*

{ Undertaker, *B. Heale* Address, *Commis of Health* }
 { Place of Business, *Light* Registrar }

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death except in cases of births and deaths of illegitimate children.

Information by *Catherine Kerner* [OVER.]
Midwife

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

Oct 2nd 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Lizzie Sumner (Mother)

Sex, ~~Male~~ Female, { Cross out the words not required in this line. }

Age, _____ Years, _____ Months, 6 Hours _____ Days

Color,

white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) }

Balt City

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give street and number. }

7. Reinhardt St

Cause of Death, { First (Primary), Second (Immediate), }

Premature Birth (6 mos)

Asthma

Duration of Last Sickness,

Life

All the above information should be furnished by the Physician.

Place of Burial, W. Public Cemetery

Date of Burial, Oct 3rd 1877

Samuel H. Sturges, M.D.
Medical Attendant.

{ Undertaker, F. A. Kerchner }

Address, Commis of Health
Registrar

{ Place of Business, 50 S. Carroll St }

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Catherine Seebach
— nudewife

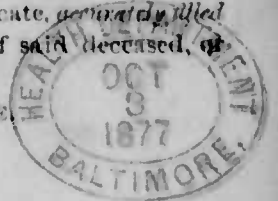
[OVER.]

122

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~presented~~ ^{presented} ~~out~~, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *October 2nd 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Ann M. & Wm. Hauser*

Sex, ~~Male~~ *Female*, { Cross out the words not required in this line. }

Age, *—* Years, *—* Months, *2* Hours *—* Days

Color, *white*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, *—*

Birthplace, { State or country (and how long in United States, if of foreign birth.) } *Balt. City*

Duration of Residence in the City of Baltimore, *Life*

Place of Death, { Give street and number. } *28 S. Albemarle St*

Cause of Death, { First (Primary,) Second (Immediate,) } *Asphyxia*

Duration of Last Sickness, *Life*

All the above information should be furnished by the Physician.

Place of Burial, *Western Cemetery*

Date of Burial, *Oct 3rd 1877*

{ Undertaker, *W. H. Hackman* Address, *Commis of Health*
26 Bank St Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by *Mary A. Butt* [OVER.]
Medwife

Who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

Years,

Months,

Days.

Color,

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give street and number. }

Cause of Death,

{ First (Primary),
Second (Immediate), }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

Undertaker,

Place of Business,

Address

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

21124

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *Oct 2nd 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Lilly Margaret Seifert*

Sex, *Male* or Female, { Cross out the word not required in this line. } *Female*

Age, *16* Years, *10* Months, *10* Days.

Color, *White* Sex, *Female*

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, *None*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore City*

Duration of Residence in the City of Baltimore, *10 months*

Place of Death, { Give street and number. } *Clifford St*

Cause of Death, { First (Primary,) Second (Immediate,) } *Phthisis*

Duration of Last Sickness, *3 weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Western cemetery*

Date of Burial, *Oct 4th 1877*

J. A. Williams M. D.
Medical Attendant.

{ Undertaker, *J. A. Park* Address *71 Franklin St.*

{ Place of Business, *20707 W. Baltimore*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

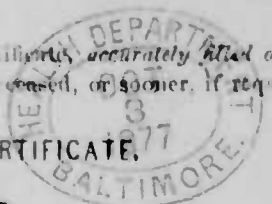
[OVER]

No. 21128

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, Oct 3rd 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Thomas M. Smith

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 71 Years, 6 Months, Days.

Color, White

Married, Single, Widowed or Widower, { Cross out the word not required in this line. } Single

Occupation, Broker Maker

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Philadelphia

Duration of Residence in the City of Baltimore, 7 years

Place of Death, { Give street and number. } 105 Park St.

Cause of Death, { First (Primary,) Remittent Fever

{ Second (Immediate,) 7 Days Coma

Duration of Last Sickness, 7 Days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cemetery

Date of Burial, Oct 4th 1877

Undertaker, John H. Machen

Place of Business, No 150 Camden

A. M. C. O'Brien M. D.
Medical Attendant.

Address 369 N. Lombard St.

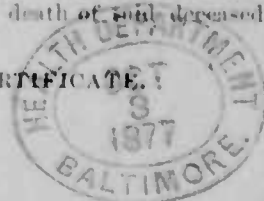
Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

27726
Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents }

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 44 Years, Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

{ Undertaker,

{ Place of Business,

Address

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

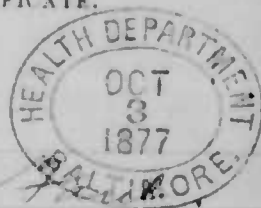
SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



21127

Date of Death, *Oct 3rd 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Catharine E. ...*

Sex, *Male or Female*, { Cross out the words not required in this line. } *Female*

Age, *Eight* Years, *—* Months, *—* Days

Color, *White*

~~Married~~, Single, ~~Widow~~ or Widower, { Cross out the words not required in this line. }

Occupation, *—*

Birthplace, { State or country (and how long in United States, if of foreign birth.) } *Ireland*

Duration of Residence in the City of Baltimore, *26 yrs.*

Place of Death, { Give street and number. } *232 South Ave St.*

Cause of Death, { First (Primary,) Second (Immediate,) } *Heart disease.*

Duration of Last Sickness, *—*

All the above information should be furnished by the Physician.

Place of Burial, *Holy Cross*

Date of Burial, *October 4*

{ Undertaker, *W. B. ...*

{ Place of Business, *1915 Bond St.*

D. B. Ireland M. D. Medical Attendant.

Coroner E. ... Address, *—*

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

21128.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *October 3rd 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Amie. E. Kazanmus*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } *Female*

Age, *One (1)* Years, *One (1)* Months, *Twenty four (24)* Days.

Color, *White* Sex, _____

Married, Single, Widow or Widower, { Cross out the words not required in this line. } _____

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *City of Balto*

Duration of Residence in the City of Baltimore, _____

Place of Death, { Give street and number. } *No 5 Chestnut All W Corp*

Cause of Death, { First (Primary,) Second (Immediate,) } *Croup*

Duration of Last Sickness, *2 days*

All the above information should be furnished by the Physician.

Place of Burial, *Baltimore Cemetery*

Date of Burial, *October 4th 1877*

{ Undertaker, *Adam Heidinger* Address *140 Scott St.*

{ Place of Business, *219 N. Baltimore St.*

Dr. D. Blake M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *Oct 2 '77*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Amanda Sidonia Edelin*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *13* Years, *—* Months, *—* Days.

Color, *Colored*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, *—*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Ind*

Duration of Residence in the City of Baltimore, *—*

Place of Death, { Give street and number. } *19 N. Mary St.*

Cause of Death, { First (Primary,) Second (Immediate,) } *Tubercular Meningitis*

Duration of Last Sickness, *8 days*

All the above information should be furnished by the Physician

Place of Burial, *Laurel Cemetery* *J. H. Keller,*

Date of Burial, *Oct 4 '77* *M. D.*
Medical Attendant.

{ Undertaker, } *W. G. Chase* Address *87 N. Greene St.*
{ Place of Business, } *148 S. Howard St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

21130

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *Sept: 30th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Maria El*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *37* Years, Months, Days.

Color, *Black* Sex, *Female*

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Annapolis Co. Maryland*

Duration of Residence in the City of Baltimore, *about 15 years*

Place of Death, { Give street and number. } *59 Richmond St.*

Cause of Death, { First (Primary,) Second (Immediate,) } *Apoplexy*

Duration of Last Sickness, *Nine months*

All the above information should be furnished by the Physician.

Place of Burial, *Green Cemetery*

Date of Burial, *Oct 3 1877*

Undertaker, *Chase* Address *by Arthur H.*

Place of Business, *1224 Howard*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

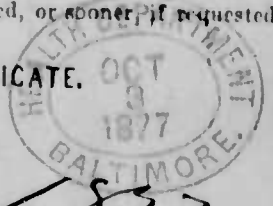
21131

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, October 1st 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Wm Harris

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 2 Years, - Months, - Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Surf

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, His life

Place of Death, { Give street and number. } 103 Sarah Ann

Cause of Death, { First (Primary), Second (Immediate), } I never prescribed for the child, but from description

Duration of Last Sickness, did of Chronic Eczema, in convulsions

All the above information should be furnished by the Physician

Place of Burial, Louise Cemetery

Date of Burial, October 3

Undertaker, J. H. Chase

Place of Business, 103 Sarah Ann Address 55 N. York St

W. F. Kemp M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

1132
OFFICE OF REGISTRAR OF VITAL STATISTICS.

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *October 2nd 1877*

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. *J. Mathew Casper*

Sex, Male or Female, Cross out the word not required in this line. *Male*

Age, *59* Years, *3* Months, *3* Days.

Color, *white* Sex, *male*

Married, Single, Widowed or Widower, Cross out the words not required in this line.

Occupation, *Secherer*

Birthplace, State or country (and how long in the United States, if of foreign birth.) *Germany*

Duration of Residence in the City of Baltimore, *25 years*

Place of Death, Give street and number. *12th Baden Street*

Cause of Death, First (Primary), Second (Immediate). *Icterus*

Duration of Last Sickness, *one week*

All the above information should be furnished by the Physician.

Place of Burial, *Weston Cemetery* *John J. Eber*

Date of Burial, *Oct 2nd* *John J. Eber* M. D. Medical Attendant.

Undertaker, *Geo. Saffron* Address *81. North Eelwood.*
Place of Business, *121 Jean street*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

21133

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH



Date of Death,

Oct - 20 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Mary Josephine McGee.

Sex, Male or Female,

Cross out the word not required in this line.

Age,

Forty five Years,

Months,

Days.

Color,

Black

Sex,

Female

Married, Single, Widowed, or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

City.

Duration of Residence in the City of Baltimore,

40 yrs.

Place of Death,

Give street and number.

25 Hillman St.

Cause of Death,

First (Primary),

Second (Immediate.)

Heart disease

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

A. Brown & Company

Date of Burial,

Oct 4th 1877

Undertaker,

Wm James Gray

Place of Business,

65 Mulberry St

Address

M. D.

Medical Attendant.

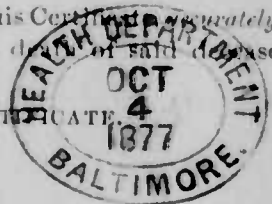
Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Physician who attended any person in a last illness is responsible for the presentation of this Certificate accurately filled, or undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

21134

Date of Death, *October 4*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *George D. Collins*

Sex, Male or Female, { Cross out the words not required in this line. }

Age, *1* Years, *14* Months, *14* Days

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in United States, if of foreign birth.) } *Baltimore*

Duration of Residence in the City of Baltimore, *Since Birth*

Place of Death, { Give street and number. } *50 York St*

Cause of Death, { First (Primary.) Second (Immediate.) } *Malaria*
Intermittent Fever with enlargement of

Duration of Last Sickness, _____

All the above information should be furnished by the Physician.

Place of Burial, *Baltimore Cemetery*

Date of Burial, *October 4th*

Theodore Gooden M.D.
Medical Attendant

B. Harle
Undertaker

411 Light Street
Place of Business

146 Y. Street
Address

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

1750,
The physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by the physician, undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Oct 3rd 77

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Geo F Muhl

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age,

/ Years,

6 Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Balto City

Duration of Residence in the City of Baltimore,

life

Place of Death, { Give street and number. }

73 Eider St

Cause of Death, { First (Primary,) Second (Immediate,) }

Diphtheria

Duration of Last Sickness,

4 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Oct 4th 77 - at 3 PM

{ Undertaker, Geo Huter

{ Place of Business, 731 Henrietta St

Address

76 Stacia St

J. H. Curney

M. D.

Medical Attendant.

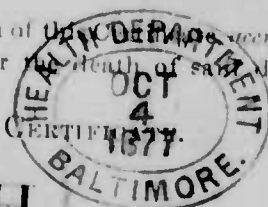
Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Physician who attended any person in a last illness is responsible for the presentation of this certificate, accurately filled out, to the Registrar of Vital Statistics, within twenty-four hours after the death of said deceased, or undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

October 4

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Ann M. Collins

Sex, ~~Male~~ or Female, { Cross out the words not required in this line. }

Age, 24 ³/₄ Years, 6 Months, 16 Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number. }

49 N. Light St

Cause of Death, { First (Primary), Second (Immediate), }

Chorea of the Heart

Duration of Last Sickness,

1 year

All the above information should be furnished by the Physician.

Place of Burial,

Mount Olivet Church

Date of Burial,

Oct. 6 1877

{ Undertaker,

Charles F. Harold

{ Place of Business,

69 N. Avenue

Address,

146 N. Avenue

Medical Attendant,

Frederick B. B. M.D.

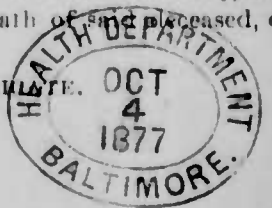
Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

137
The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *October 3^d 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Barbara Backhof*

Sex, Male or Female, { Cross out the words not required in this line. } *female*

Age, *24* Years, _____ Months, _____ Days

Color, *white*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *married*

Occupation, *none*

Birthplace, { State or country (and how long in United States, if of foreign birth.) } *Germany*

Duration of Residence in the City of Baltimore, *5 years*

Place of Death, { Give street and number. } *85 S. Chappell St.*

Cause of Death, { First (Primary,) *Enteric fever*
Second (Immediate,) _____ }

Duration of Last Sickness, *4 weeks*

All the above information should be furnished by the Physician.

Place of Burial, *St. Alphonsus Home*

Date of Burial, *Oct 4th 1877*

{ Undertaker, *A. Schuler*
Place of Business, *244 E. Lombard* }

J. G. Dausch M. D.
Medical Attendant.

Address, *27 N. Broadway*

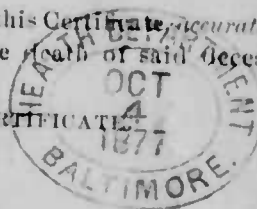
Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *October 3^d 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Michael Ostermann*

Sex, Male or Female. { Cross out the words not required in this line. } *male*

Age, *5 1* Years, Months, Days

Color, *white*

Married, Single, Widow or Widower. { Cross out the words not required in this line. } *married*

Occupation, *laborer*

Birthplace. { State or country (and how long in United States, if of foreign birth.) } *Germany*

Duration of Residence in the City of Baltimore, *2 2* years

Place of Death, { Give street and number. } *391 Orleans St*

Cause of Death, { First (Primary), Second (Immediate), } *Melancholia*
exhaustion

Duration of Last Sickness, *1 month*

All the above information should be furnished by the Physician.

Place of Burial, *St. Alphonsus Cemetery*

Date of Burial, *Oct 5th 1877*

{ Undertaker, *H. Köhler* }

{ Place of Business, *277 E. Lombard* }

J. H. Gausch M.D.
Medical Attendant.

Address, *27 N. Broadway*

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

107
The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Health Department, or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

Oct 3 '77

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

John Bruckner

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

62

Years,

Months,

Days.

Color,

white

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Millman

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Germany

Duration of Residence in the City of Baltimore,

25 years

Place of Death,

{ Give street and number. }

324 Pa Ave

Cause of Death,

{ First (Primary,) Second (Immediate,) }

Consumption

Duration of Last Sickness,

6 mos

All the above information should be furnished by the Physician.

Place of Burial,

St. Alphonsus Cemetery

Date of Burial,

Oct 5th 1877

M. D.

Medical Attendant.

Undertaker,

Chenoult & Co

Place of Business,

341 Pa Ave

Address

87 N. Green St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

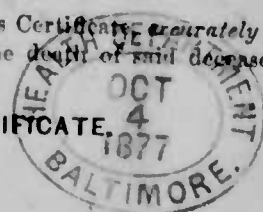
[OVER.]

1140

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Who attended any person in a last illness is responsible for the presentation of this Certificate accurately filled out by the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *September 30th /77*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Winson Mooney*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, *28* Years, Months, Days.

Color, *Colored*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Single*

Occupation, *Convent*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Don't know*

Duration of Residence in the City of Baltimore, *2 years*

Place of Death, { Give street and number. } *Marjawa Pentecostal*

Cause of Death, { First (Primary), Second (Immediate), } *Consumption*

Duration of Last Sickness, *6 months*

All the above information should be furnished by the Physician.

Place of Burial, *St. Clements*

Date of Burial, *Oct 2nd*

{ Undertaker, Charles Strayer

{ Place of Business, *Pratt & Co. 151*

Address *166 E. Eager St*

H. B. Eager M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

141,
OFFICE OF REGISTRAR OF VITAL STATISTICS.

Who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled*
or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or
so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *Oct 3^d 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Reziak Williams*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *8* ~~72~~ *Eight* Years, *1* Month, Days.

Color *red*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore*

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } *Chestnut 69*

Cause of Death, { First (Primary,) Second (Immediate,) } *Peritonitis*

Duration of Last Sickness, *3 weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Laurel Cemetery* *E. L. Baldwin* M. D.
Date of Burial, *Oct 4th 1877* Medical Attendant.

{ Undertaker, Place of Business, } *M. W. Dwyer* *East St* Address *124 n E. Peter St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

7242
OFFICE OF REGISTRAR OF VITAL STATISTICS.

Who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, or other person superintending the burial, within twenty-four hours after the death of said deceased, or so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

CERTIFICATE OF DEATH.



Date of Death,

October 30, 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents }

Regenia Ann.

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age,

Years,

8 Months,

Days.

Color,

White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore City,

Duration of Residence in the City of Baltimore,

Since birth

Place of Death, { Give street and number. }

165 Preston St.

Cause of Death, { First (Primary,) Second (Immediate,) }

Indigestion chronic

Duration of Last Sickness,

4 Months

All the above information should be furnished by the Physician.

Place of Burial,

Cathedral Cemetery

Date of Burial,

Oct 3

Undertaker, Wm. M. Leonard

John Pennington M. D. Medical Attendant.

Place of Business,

752 W. Baltimore

Address

98 N. Green St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, or other person superintending the burial, within twenty-four hours after the death of said deceased, or so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male ~~Female~~, { Cross out the word not required in this line. }

Age, *Seventy three* Years, *Three* Months, *Twenty four* Days.

Color, *White*

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, *Saloon Keeper*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore, *Fifteen years*

Place of Death, { Give street and number. } *# 870 W Baltimore St.*

Cause of Death, { First (Primary), Second (Immediate). } *Malarial Fever*

Duration of Last Sickness, *One month*

All the above information should be furnished by the Physician.

Place of Burial, *Baltimore*

Date of Burial, *Oct 5*

Undertaker, *John Pauling*

Place of Business, *66 Fresh St.*

J. G. Linticum M. D.
Medical Attendant.

Address *# 584 W Fayette St.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled*
 out, or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or
 to do, under penalty of law.

TO PERMIT FOR BURIAL

TO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE



CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If no infant not named, give names of parents. }

Sex, *Male or Female*, { Cross out the word not
required in this line. }

Age, 3 Years,

Color, White Months, 0 Days.

Married, Single, Widow or Widower, {Cross out the words not
required in this line.}

Occupation,

Birthplace, { State or country (and how
long in the United States,
if of foreign birth.) }

Duration of Residence in the City of Baltimore, 3 years 5 months

Place of Death, { Give street and
number. } N. W. Cor. 3rd & McHenry St.

Cause of Death, { First (Primary), ...
Second (Immediate), ...

Duration of Last Sickness, One week

All the above information should be furnished by the Egyptian

Place of Burial, New Cathedral C.

Date of Burial, Oct 5 1897

Undertaker, J. B. Cook.

Place of Business, 707 N. 1st St. Address 579 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

1457

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *October 3rd 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Emaline Gregory*

Sex, Male or Female, { Cross out the words not required in this line. } *Female*

Age, *16* Years, _____ Months, _____ Days

Color, *Caucasian*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Single*

Occupation, _____

Birthplace, { State or country (and how long in United States, if of foreign birth.) } *Virginia*

Duration of Residence in the City of Baltimore, *3 months*

Place of Death, { Give street and number. } *100 Arch St.*

Cause of Death, { First (Primary,) Second (Immediate,) } *Lympho-malarial fever*

Duration of Last Sickness, *several days*

All the above information should be furnished by the Physician.

Place of Burial, *Laurel Cemetery*

Date of Burial, *OCT 4 1877*

{ Undertaker, *S. W. Thomas* } Address, *150 N. Eutaw St.*

{ Place of Business, *148 Howard St.* }

J. A. Greene M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

146
Who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Registrar of Vital Statistics, or other person superintending the burial, within twenty-four hours after the death of said deceased, or so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE



CERTIFICATE OF DEATH.

Date of Death, *Oct. 4th 1877-*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Alice Dean*

Sex, Male or Female, { Cross out the word not required in this line. } *Female*

Age, _____ Years, _____ Months, *Six* Days.

Color, *African Race*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Balt City*

Duration of Residence in the City of Baltimore, *Life residence*

Place of Death, { Give street and number. } *15 Little Pine St-*

Cause of Death, { First (Primary,) Second (Immediate,) } *Trismus Nascentium*

Duration of Last Sickness, *5 days*

All the above information should be furnished by the Physician.

Place of Burial, *Lawrence Cemetery*

Date of Burial, *Oct 4 1877*

{ Undertaker, _____ Place of Business, _____ }

L. W. Knight M. D.
Medical Attendant.

Address *112 N. Greene*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by the physician or other person superintending the burial, within twenty-four hours after the death of said deceased, or so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { Cross out the words not required in this line. }

Age, 3 Years, One (1) Months, Five (5) Days

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, New Methodist Cemetery

Date of Burial, Oct 6th 1877

{ Undertaker, Hughes & Co.

{ Place of Business, 65 S Broadway

Address,

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by the physician or other person superintending the burial, within twenty-four hours after the death of the deceased, or so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *October 4th 1877.*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Carrie McCully*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *15* Years, *2* Months, *2* Days.

Color, *white*.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Balt^y City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

*# 89 Hamburg St^y
Marasmus.*

Cause of Death, { First (Primary,)
Second (Immediate,) }

Duration of Last Sickness,

Since Birth

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore Cemetery

Date of Burial,

October 3 1877

Lea Bell

M. D.

Medical Attendant.

Undertaker,

Charles F. Herple

Place of Business,

161 Hanover St

Address

161 Sharp St^y

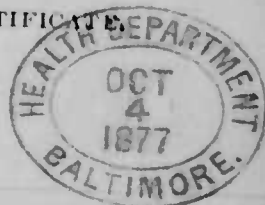
Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

attended any person in a last illness is responsible for the presentation of this Certificate, and for other person superintending the burial, within twenty-four hours after the death of said deceased, or to do, under penalty of law.
PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *October 3rd 1877*
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Sarah J. Hill*
Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }
Age, *2* Years, *2* Months, *2* Days.
Color, *col*
Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }
Occupation, _____
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *18 Rose St. Balt.*
Duration of Residence in the City of Baltimore, _____
Place of Death, { Give street and number. } *18 Rose St.*
Cause of Death, { First (Primary,) Second (Immediate,) } *Premature birth at 6 1/2 months*
Duration of Last Sickness, _____
All the above information should be furnished by the Physician.
Place of Burial, *Samuel G. Smith*
Date of Burial, *Oct 4 1877*
{ Undertaker, *John A. Jordan* Place of Business, *62 Park St.* }
Address *226 Maclure St.*
Louis C. Horn M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Health Department, or other person superintending the burial, within twenty-four hours after the death of said deceased, or so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE



CERTIFICATE OF DEATH.

Date of Death, *Oct - 4th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Olivia Bailey*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *1* Years, *3* Months, Days.

Color, *White* Sex, *Female*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore Md.*

Duration of Residence in the City of Baltimore, *Whole life*

Place of Death, { Give street and number. } *423 McHenry St.*

Cause of Death, { First (Primary,) Second (Immediate,) } *Diphtheria*

Duration of Last Sickness, *Two days*

All the above information should be furnished by the Physician.

Place of Burial, *Western Co.*

Date of Burial, *Oct 5 - 1877*

{ Undertaker, J. B. Blackistonson

{ Place of Business, 606 Balt St

James Bailey M. D.
Medical Attendant.

Address *365 Hollins St -
Balt. Md.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

1157

OFFICE OF REGISTRAR OF VITAL STATISTICS

Who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or tested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, **Oct. 3^d 1877 at 5 o'clock P.M.**

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } **John Thomas Barnes**

Sex, Male ~~or Female~~, { Cross out the word not required in this line. } **Male**

Age, **21** Years, **9** Months, **3** Days.

Color, **white** Sex, **male**

Married, Single, Widowed or Widower, { Cross out the words not required in this line. } **Single**

Occupation, **Painter**

Birthplace, { State or country (and how long in the United States, if of foreign birth. } **Baltimore County Md.**

Duration of Residence in the City of Baltimore, **5 years**

Place of Death, { Give street and number. } **417 West Lombard St.**

Cause of Death, { First (Primary,) Second (Immediate,) } **Consumption**

Duration of Last Sickness, **8 months**

All the above information should be furnished by the Physician.

Place of Burial, **Louden Park Co.** **E. C. Richardson M. D.**
Medical Attendant.

Date of Burial, **Oct 5 - 1877**

{ Undertaker, **J. B. Blackiston son**
Place of Business, **606. Batt 27** Address **302 W. Lombard St.**

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

152

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by the physician, undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *Oct 4th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *John W. Turnbull*

Male or Female, { Cross out the words not required in this line. } *Male*

Age, *25* Years, *11* Months, *7* Days

Color, *White*

Married, ~~Single~~ *Widow* or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, *clerk*

Birthplace, { State or country (and how long in United States, if of foreign birth.) } *Balt City*

Duration of Residence in the City of Baltimore, *Life*

Place of Death, { Give street and number. } *No 15 Josephine st*

Cause of Death, { First (Primary,) Second (Immediate,) } *Suicide*

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, *London Park Cemetery*

Date of Burial, *Oct 6th 1877*

Undertaker, *Mrs John H. Weaver*

Place of Business, *#22 W. Fayette st*

Georg Egle M.D.
Medical Attendant.

Address, *229 Cary st*

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Health Department, or other person superintending the burial, within twenty-four hours after the death of said deceased, or to do, under penalty of law.

PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH

Date of Death, *October 5th*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give name of parents. } *Mary Catharine Arch*

Sex, Male or Female, { Cross out the word not required in this line. } *Female*

Age, *31* Years, *11* Months, *11* Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Single*

Occupation, *Baltimore City*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore City*

Duration of Residence in the City of Baltimore, *18th 428 Auburn Av.*

Place of Death, { Give street and number. } *18th 428 Auburn Av.*

Cause of Death, { First (Primary,) Second (Immediate,) } *Tubercular meningitis*

Duration of Last Sickness, *two weeks*

All the above information should be furnished by the Physician.

Place of Burial, *St. Stephens Cemetery*

Date of Burial, *October 5th 1877*

Undertaker, *H. M. Gibmeyer*

Place of Business, *341 Canton St.*

Address, *12 J. E. Eder*

M. D. *J. E. Eder*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Registrar or other person superintending the burial, within twenty-four hours after the death of said deceased, or so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, October 4th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Alfred Brinkley

Sex, Male or ~~Female~~, { Cross out the words not required in this line. }

Age, _____ Years, _____ Months, 3 hours Days

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Shays St Cemetery

Date of Burial, Oct 5th 1877

{ Undertaker, John L. Jordan

{ Place of Business, Park Ave

M. D. _____
Medical Attendant, _____
Address, Commiss of Health
Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Alfred Brinkley Sr
Father of Child

1855

OFFICE OF REGISTRAR OF VITAL STATISTICS

who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *Oct. 4th. 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Catherine Lucif*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *2* Years, *2* Months, *6* Days.

Color, *White*

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } *Single*

Occupation, *None*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Balt.*

Duration of Residence in the City of Baltimore, *Life*

Place of Death, { Give street and number. } *3d Port Ab.*

Cause of Death, { First (Primary), Second (Immediate), } *Influenza, Bowels Exhaustion*

Duration of Last Sickness, *Life*

All the above information should be furnished by the Physician.

Place of Burial, *St. Stephen's Ch.*

Date of Burial, *Oct. 4th. 1877*

Undertaker, *John Brown*

Place of Business, *153 E. Register St.*

Sh. Geo. W. Lucas M. D.
Medical Attendant

Address Cor. Essex & Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

{ OVER

1186
OFFICE OF REGISTRAR OF VITAL STATISTICS.

Who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *Oct. 11th 1877*
 Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } *Mable Rye*
 Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }
 Age, *28* Years, *7* Months, *22* Days.
 Color, *White* Sex *Female*
 Married, Single, Widow or Widower, { Cross out the words not required in this line. }
 Occupation,
 Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore Md.*
 Duration of Residence in the City of Baltimore,
 Place of Death, { Give street and number. } *No. 148 The Elcherry St.*
 Cause of Death, { First (Primary,) Second (Immediate,) } *Pertussis*
 Duration of Last Sickness, *5 weeks*
All the above information should be furnished by the Physician.
 Place of Burial, *Friend's Ground*
 Date of Burial, *Oct 6th 1877* *Francis A. Souer* M. D. Medical Attendant.
 Undertaker, *Thos J. Hughes*
 Place of Business, *110 E. Baltimore* Address *105 N. Central Avenue*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled
or other person superintending the burial, within twenty-four hours after the death of said deceased, or
so to do, under penalty of law.

PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

October 4th 1877

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Eliza Butler

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Female

Age,

13.5

~~18~~

Years,

1

Months,

Days.

Color,

Dark Brown

~~Married~~, Single, ~~Widow~~ or ~~Widower~~,

{ Cross out the words not required in this line. }

Single

Occupation,

Book

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

28 years

Place of Death,

{ Give street and number. }

No 62 Oxford st

Cause of Death,

{ First (Primary), }

{ Second (Immediate), }

Cold

Consumption

Duration of Last Sickness,

Eleven months

All the above information should be furnished by the Physician.

Place of Burial,

Sharp Cemetery

Date of Burial,

Oct 5 1877

Undertaker,

W. Chase

Place of Business,

No 198 Howard

B. F. Bohrer

M. D.

Medical Attendant.

Address Cor Dolphin & Ross

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

758
attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled
or other person superintending the burial, within twenty-four hours after the death of said deceased, or
so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

October 4th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

James Valentine Malone

Sex, Male or Female,

Cross out the word not required in this line.

Age,

2

Years,

7

Months,

20

Days.

Color,

White

Married, Single, Widow or Widower, Cross out the words not required in this line.

Occupation,

Birthplace, State or country (and how long in the United States, if of foreign birth.)

Baltimore

Duration of Residence in the City of Baltimore,

Since Birth

Place of Death, Give street and number.

Cause of Death, First (Primary),
Second (Immediate),

54 S. Street

Continual fever

Duration of Last Sickness,

About three weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peter cemetery

Date of Burial, Oct 6th 1877

Undertaker, J B Cook

Place of Business, 407 W. Baltimore Street

W. R. McPherson M. D.

Medical Attendant.

Address

582 W. Thayer

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

159
OFFICE OF REGISTRAR OF VITALS

Who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled
maker or other person superintending the burial, within twenty-four hours after the death of said deceased, or
ed so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, Oct 4th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } George A. Schultz

Sex, Male or Female { Cross out the word not required in this line. }

Age, 46 Years,

Color, white Months, Days.

Married, Single, Widowed, { Cross out the words not required in this line. }

Occupation, Soap Stone cutter

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Hanover Germany

Duration of Residence in the City of Baltimore, 31 years

Place of Death, { Give street and number. } 3 Ringgold St.

Cause of Death, { First (Primary,) Anthrax of abdominal parietes
Second (Immediate,) Exhaustion

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, St Peter's cemetery

Date of Burial, Oct 5th 1877

Undertaker, J B Hook

Place of Business, 1870 1/2 Baltimore Street

Claud Van Bibber M. D.
Medical Attendant.

Address, 47 Fran Klein St,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

1160

OFFICE OF REGISTRAR OF VITAL STATISTICS.

who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

October 4th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Charles Edwin Krause

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age, _____ Years,

1

Months,

21

Days.

Color, *Mulatto*

Sex,

Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Baltimore, Md.

Duration of Residence in the City of Baltimore,

entire life time.

Place of Death, { Give street and number. }

162 N Spring St

Cause of Death, { First (Primary,) Second (Immediate,) }

Marasmus

Duration of Last Sickness,

Indefinite

All the above information should be furnished by the Physician.

Place of Burial, *Laurel Cemetery*

Date of Burial,

Oct 5 1877

D. M. Whelan, M.D. Medical Attendant.

Undertaker, *Wm H Dungee*

Place of Business, *162 East St*

Address *22 N Broadway.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by the physician or other person superintending the burial, within twenty-four hours after the death of said deceased, or who failed to do so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Male or Female,

Cross out the words not required in this line.

Age,

Years,

Months,

Days

Color,

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death,

First (Primary.)

Second (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

Undertaker,

Place of Business,

Address,

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

1162

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested by law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, 3rd October 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Alice Louisa Smith

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, Months, 10 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } Douglass 25.

Cause of Death, { First (Primary) } Catarrh. intestis.

Duration of Last Sickness, 6 Days

All the above information should be furnished by the Physician

Place of Burial, Trinity Cemetery

Date of Burial, Oct 5/77

Undertaker, 64 Rowing

Place of Business, 136 E. Fayette St. Address 57 Mosquito

C. H. Hoffman M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by the physician or other person superintending the burial, within twenty-four hours after the death of said deceased, or so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *Oct. 4th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *John Kessel*

Sex, *Male* ~~Female~~ { Cross out the words not required in this line. }

Age, *2* Years, *1* Months, *—* Days

Color, *white*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Single*

Occupation, *—*

Birthplace, { State or country (and how long in United States, if of foreign birth.) } *Balto City*

Duration of Residence in the City of Baltimore, *Life*

Place of Death, { Give street and number. } *336 S. Bond St*

Cause of Death, { First (Primary,) Second (Immediate,) } *Feething.*
Marasmus

Duration of Last Sickness, *one year*
All the above information should be furnished by the Physician.

Place of Burial, *E. Pub Cemetery*

Date of Burial, *Oct 5th 1877*

Undertaker, *C. Shuping* Address, *Commis of Health*

Place of Business, *Pratt St* *Registrar*

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by August Kessel
Father of Child OVER.

617
 attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested by a duly qualified person.
 NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *8 1/2 o'clock P.M. Oct 4th 1877*
 Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Mary Fisher*
 Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }
 Age, *39* Years, *5* Months, *16* Days.
 Color, *White*
 Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }
 Occupation, *Saleswoman in Hanover Market*
 Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Germany*
 Duration of Residence in the City of Baltimore, *Since she was 3 years of age*
 Place of Death, { Give street and number. } *Shoppers Alley*
 Cause of Death, { First (Primary.) *Chronic Metritis*
 { Second (Immediate,) *laudiblen Excessive White Hemorrhage*
 Duration of Last Sickness, *Three Months*
 All the above information should be furnished by the Physician.
 Place of Burial, *Western Cemetery of John Darnall* M. D.
 Date of Burial, *Oct 6th 1877* Medical Attendant.
 Undertaker, *Chas H. Herold* Address *28 Forest Place*
 Place of Business, *Hanover St* *Baltimore City*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Registrar of Vital Statistics, or other person superintending the burial, within twenty-four hours after the death of said deceased, or so to do, under penalty of law.
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *October 5th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *John Kerner*

Sex, Male ~~Female~~, { Cross out the words not required in this line. }

Age, *—* Years, *4* Months, *—* Days

Color, *white*

Married, Single, Widow or Widower: { Cross out the words not required in this line. }

Occupation, *Balt. City*

Birthplace, { State or country (and how long in United States, if of foreign birth.) } *Prussia*

Duration of Residence in the City of Baltimore, *5 years*

Place of Death, { Give street and number. } *164 S. Spring Street*

Cause of Death, { First (Primary,) Second (Immediate,) } *Chol Infantum*

Duration of Last Sickness, *5 Weeks*

All the above information should be furnished by the Physician.

Place of Burial, *St. Alphonsus*

Date of Burial, *Oct 6th 1877*

{ Undertaker, *Geo Saffran* Address, *Commissioner of Health*

{ Place of Business, *Penn^a Ave* } *Registrar*

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by *John Kerner* *Geo. Kerner* *Father of Child*

attended any person in a last illness is responsible for the presentation of this Certificate, or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

October 4th 77.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents }

Sophia Frank.

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *46* Years, *6* Months, Days.

Color, *White*

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Germany.

Duration of Residence in the City of Baltimore, *2 Years.*

Place of Death, { Give street and number. }

94 Dover. above Mount.

Cause of Death, { First (Primary,) Second (Immediate,) }

Chronic Dysentery

Duration of Last Sickness, *13 ten weeks*

All the above information should be furnished by the Physician.

Place of Burial,

Western Cemetery

Date of Burial,

Oct 6th 77

Louis C. P. Yorn

M. D.

Medical Attendant.

{ Undertaker,

John P. Paulus

{ Place of Business,

66 Frederick Ave

Address *226 Meadeberry St.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

16
The person who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Health Department, or other person superintending the burial, within twenty-four hours after the death of the deceased, or so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *October 4th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Edward Cahill*

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *3* Years, *2* Months, — Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } —

Occupation, —

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Balto —*

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number. } *170 N^o Henry St —*

Cause of Death, { First (Primary,) Second (Immediate,) } *Pseudo Membranous Croup —*

Duration of Last Sickness, *7 days*

All the above information should be furnished by the Physician.

Place of Burial, *St Peters cemetery*

Date of Burial, *Oct 6th 1877*

Undertaker, *J. B. Cook*

Place of Business, *No 707 W Baltimore street*

Address *279. W. Lombard St*

Chas. J. McIlwain M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled
or other person superintending the burial, within twenty-four hours after the death of said deceased, or
so to do, under penalty of law.
PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Oct 5 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Emma Gertrude Ritter

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

4

Years,

5

Months,

5

Days.

Color,

W

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

12 Etting St

Cause of Death, { First (Primary,) Second (Immediate,) }

Diphtheria

Duration of Last Sickness,

9 days

All the above information should be furnished by the Physician

Place of Burial, Western Cemetery

Date of Burial, October 6 1877

C Winslow

M. D.

Medical Attendant.

Undertaker, Jacob Weaver

Place of Business, 476 Druid Hill Ave

Address 23 McCulloh

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

167
No person who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, or other person superintending the burial, within twenty-four hours after the death of said deceased, or so to do, under penalty of law.
No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *October 4*

Full Name of Deceased, *Write legibly and spell correctly. If an Infant not named, give names of parents.* *Esther Sampson*

Sex, *Male* or Female, *Cross out the words not required in this line.*

Age, *23* Years, *—* Months, *—* Days

Color, *Black*

Married, Single, *Widow* or *Widower*, *Cross out the words not required in this line.*

Occupation, *—*

Birthplace, *State or country (and how long in United States, if of foreign birth.)* *Streheter Co. Ind*

Duration of Residence in the City of Baltimore, *15 years*

Place of Death, *Give street and number.* *262 Hamburg St*

Cause of Death, *First (Primary),* *Phtisis*
Second (Immediate), *3 months*

Duration of Last Sickness, *3 months*

All the above information should be furnished by the Physician.

Place of Burial, *Shady Side*

Date of Burial, *October 6*

Undertaker, *Heckler Bros*

Place of Business, *1018 E. Mes St*

Wm Howard Corbett M. D.
Medical Attendant.
Address, *246 E. Canton St*
St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

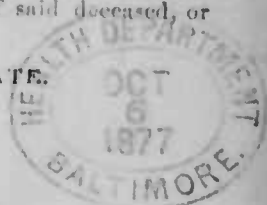
SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

170
OFFICE OF REGISTRAR OF VITAL STATISTICS

Who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Registrar or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

October 4th, 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

John Wesley Cuddy

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

24

Years,

5 Months,

17 Days.

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Horse Collar Maker

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Cockeysville Balto Co., Md.

Duration of Residence in the City of Baltimore,

Twenty one years

Place of Death, { Give street and number. }

No 19 E. Biddle St., near Gay St.

Cause of Death, { First (Primary,) Second (Immediate,) }

Febri's Intermittent.
Purpuric Fever

Duration of Last Sickness,

Three days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct 26 Clock Pm

Undertaker, George C. Rodermayer

Place of Business, 38 Queen St

W. H. White, M. D.
Medical Attendant.

Address 341 N. Broadway

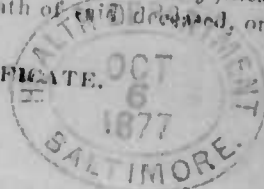
Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

177
The person who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Registrar of Vital Statistics, or other person superintending the burial, within twenty-four hours after the death of said deceased, or so to do, under penalty of law.

A PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

Oct., 5th 1877.

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

James T. Gibbs

Sex, Male or Female,

Cross out the word not required in this line.

Male.

Age,

42

Years,

1

Months,

1

Days.

Color,

White

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Married

Occupation,

Cooper.

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore Md.

Duration of Residence in the City of Baltimore,

During life

Place of Death,

Give street and number.

3 Minors Row.

Cause of Death,

First (Primary).

Second (Immediate).

Phthisis Pulmonalis.

Duration of Last Sickness,

Sick for over a year.

All the above information should be furnished by the Physician.

Place of Burial,

Mounts Olive Cem.

Date of Burial,

Oct 7th 1877

M. D.

Undertaker,

Armstrong & Denny

Medical Attendant.

Place of Business,

268 Light St

Address 321 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Registrar or other person superintending the burial, within twenty-four hours after the death of said deceased, or so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



1172

Date of Death, *October 4th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *James Edward Johnson*

Sex, Male ~~Female~~; { Cross out the words not required in this line. }

Age, _____ Years, *6* Months, _____ Days

Color, *Col'd*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in United States, if of foreign birth.) } *Baltimore City*

Duration of Residence in the City of Baltimore, *Life*

Place of Death, { Give street and number. } *5 Little Haghighi St*

Cause of Death, { First (Primary,) *Artificial Nursing, Thrush*
Second (Immediate,) *Inanition* }

Duration of Last Sickness, *3 weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Sharp St. Cemetery*

Date of Burial, *Oct 6th 1877* M. D.

{ Undertaker, *Jacob Davis*
Place of Business, *Lee St* }

Address, *Commiss of Health & Registrar*

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of birth and deaths of illegitimate children.

Information by *Henry Johnson* (FATHER) *Father of Child*

Who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by the physician or other person superintending the burial, within twenty-four hours after the death of said deceased, or so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *Oct 5 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Laura May Quinn*

Sex, Male or Female, { Cross out the words not required in this line. } *Female*

Age, *28* Years, *9* Months, *28* Days

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Single*

Occupation, *None*

Birthplace, { State or country (and how long in United States, if of foreign birth.) } *Baltimore, City*

Duration of Residence in the City of Baltimore, *Since Birth*

Place of Death, { Give street and number. } *280 S. Broadway*

Cause of Death, { First (Primary.) *Marasmus* Second (Immediate,) *Exhaustion* } *Since Birth*

Duration of Last Sickness, *Since Birth*

All the above information should be furnished by the Physician.

Place of Burial, *Trinity Cemetery*

Date of Burial, *6 October 1877*

{ Undertaker, *John C. Schuch*

{ Place of Business, *265 N. Avenue*

A. L. McKim M. D.
Medical Attendant.

Address, *280 S. Broadway*

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

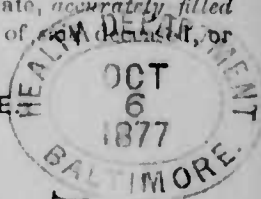
[OVER.]

1174

OFFICE OF REGISTRAR OF VITAL STATISTICS.

who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled*
 by the undertaker or other person superintending the burial, within *twenty-four hours* after the death of *any* person, or
 requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE



CERTIFICATE OF DEATH.

Date of Death, *October 5th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *David Robert*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, *30* Years, *7* Months, *—* Days.

Color, *White* Sex, *Male*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Single*

Occupation, *Farmers.*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Wales*

Duration of Residence in the City of Baltimore, *4 1/2 years.*

Place of Death, { Give street and number. } *14 E. Chestnut St*

Cause of Death, { First (Primary,) Second (Immediate.) } *General Marasmus*
Assthenia

Duration of Last Sickness, *6 mos.*

All the above information should be furnished by the Physician.

Place of Burial, *Balto Cemetery*

Date of Burial, *Oct 7 1877* *W. C. Estlin* M. D.
 Medical Attendant.

Undertaker, *Thomas S. Hughes* Address *2 N Broadway,*
no 238 Madison Ave

Place of Business, *60 E. Balto St*

Extract from Regulations of the Board of Health to secure a full and correct record of
 Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled
 or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or
 so to do, under penalty of law.
 NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

Years,

19 Months,

6 Days.

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, *Launden Park Cem*Date of Burial, *Oct 7th 1877*

{ Undertaker, *Julius Koehler* }

{ Place of Business, *274 Sharp St* }

Address

D. S. M. D.
 Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by the physician or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

Oct 5th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Charles Byrd

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age,

60

Years,

Months,

Days.

Color,

Col

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Waiter

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Virginia

Duration of Residence in the City of Baltimore,

12 Years

Place of Death, { Give street and number. }

*38 Pennsylvania Ave
Chronic Bronchitis*

Cause of Death, { First (Primary.)
Second (Immediate.) }

Duration of Last Sickness,

Some weeks

All the above information should be furnished by the Physician.

Place of Burial,

N. Public Cemetery

Date of Burial,

Oct 6 1877

W. W. Austin

M. D.

Medical Attendant.

{ Undertaker,

F. A. Kerelline

Address

192 Pearl St

{ Place of Business,

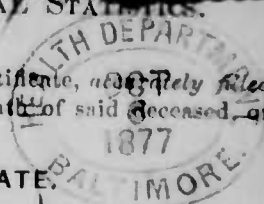
N. Pub Cemetery

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.



Who attended any person in a last illness is responsible for the presentation of this Certificate, and the Undertaker or other person superintending the burial, within twenty-four hours after the death of said Deceased, or requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, Months, Days.

Color, Sex,

Married, Single, Widowed or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

{ Undertaker,

{ Place of Business,

Ge. S. Kinnaman M. D. Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

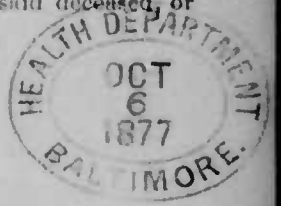
[OVER

1178

OFFICE OF REGISTRAR OF VITAL STATISTICS

Who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *October 6th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *John Filius Nettus Jones*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, *—* Years, *—* Months, *148* Days.

Color, *Mulatto* Sex, *Male*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *—*

Occupation, *—*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore Md*

Duration of Residence in the City of Baltimore, *—*

Place of Death, { Give street and number. } *6 N Bethel St*

Cause of Death, { First (Primary,) Second (Immediate,) } *Died Half hour after birth from general immaturity*

Duration of Last Sickness, *—*

All the above information should be furnished by the Physician.

Place of Burial, *Dallas St. Cemetery*

Date of Burial, *Oct 7th 1877*

{ Undertaker, } *Geo H Jones* Address *2 N Broadway.*

{ Place of Business, } *Bethel St*

D. Webster Cathell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS

Who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, or other person superintending the burial, within twenty-four hours after the death of said deceased, or to do, under penalty of law.

PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

Oct 5th

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Harry William Eisenhardt

Sex, Male or Female,

{Cross out the word not required in this line.}

Age,

1

Years,

7

Months,

20

Days.

Color,

white

Married, Single, Widow or Widower,

{Cross out the words not required in this line.}

Occupation,

Birthplace,

{State or country (and how long in the United States, if of foreign birth.)}

25 St Mary St

Duration of Residence in the City of Baltimore,

Place of Death,

{Give street and number.}

25 St Mary St

Cause of Death,

{First (Primary.)}

{Second (Immediate.)}

Whooping Cough
Convulsions
4 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Linden Park Cemetery

Date of Burial,

Oct 7th

S. J. Knight M. D.

Medical Attendant.

Undertaker,

C. Wilgand

Place of Business,

58 Druid Hill Ave

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

1180
OFFICE OF REGISTRAR OF VITAL STATISTICS

Who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by the physician or other person superintending the burial, within twenty-four hours after the death of said deceased, or not so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *Oct 5, 1877*
 Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Catherine Bondy*
 Sex, *Male* or Female, { Cross out the word not required in this line. }
 Age, *58* Years, Months, Days.
 Color, *White* Sex, *Female*
 Married, *Single*, *Widow* or *Widower*, { Cross out the words not required in this line. }
 Occupation, *Housewife*
 Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Ireland* *13 years*
 Duration of Residence in the City of Baltimore, *7 years*
 Place of Death, { Give street and number. } *No. 7 Bruce St*
 Cause of Death, { First (Primary,) Second (Immediate,) } *Injury to Brain*
 Duration of Last Sickness, *Two weeks*
All the above information should be furnished by the Physician.

Place of Burial, *St. Peter's cemetery*
 Date of Burial, *Oct 7 1877*
 Undertaker, *J. B. Cook*
 Place of Business, *No 707 W Baltimore street*
 Address, *J. W. Corner Mount Sts,*
James Bondy M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled
or other person superintending the burial, within twenty-four hours after the death of said deceased, or
so to do, under penalty of law.

PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

CERTIFICATE OF DEATH.



Date of Death, *Oct 5th 77*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *William Miller*

Sex, ~~Male or Female~~, { Cross out the word not required in this line. }

Age, *47* Years, _____ Months, _____ Days.

Color, *white*

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, *Saloon Keeper*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Germany*

Duration of Residence in the City of Baltimore, *25 years*

Place of Death, { Give street and number. } *51 Penna Ave*

Cause of Death, { First (Primary,) Second (Immediate,) } *Apoplexy*

Duration of Last Sickness, *Death, sudden*

All the above information should be furnished by the Physician.

Place of Burial, *Linden Park cemetery*

Date of Burial, *Oct 7 1877*

{ Undertaker, *J. B. Cook*

{ Place of Business, *10707 W Baltimore Street*

J. Miller

M. D.

Medical Attendant.

Address *89 N. Greene St.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Health Department, or other person superintending the burial, within twenty-four hours after the death of said deceased, or to do, under penalty of law.

PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE



CERTIFICATE OF DEATH.

Date of Death, *October 5th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } *Nary McKimney Fowler*

Sex, *Male* or ~~Female~~, { Cross out the word not required in this line. }

Age, *11* Years, *8* Months, *13* Days.

Color, *White*

~~Married~~, *Single*, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore*

Duration of Residence in the City of Baltimore, *Life*

Place of Death, { Give street and number. } *770 W Pratt St*

Cause of Death, { First (Primary,) Second (Immediate,) } *Dysentery*

Duration of Last Sickness, *Three weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Western Cemetery*

Date of Burial, *Oct 7th 1877*

W. H. Requestr M. D.
Medical Attendant.

J. B. Cook
Undertaker.

W. H. Requestr
Address *W. H. Requestr*

1047 N. Baltimore Street
Place of Business.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Health Department, within twenty-four hours after the death of the person deceased, or other person superintending the burial, within twenty-four hours after the death of the person deceased, or to do, under penalty of law.

PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER



CERTIFICATE OF DEATH.

Date of Death, *October 6th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Katie M. Evey*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } *Female*

Age, *7* Years, _____ Months, _____ Days.

Color, *White*

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore*

Duration of Residence in the City of Baltimore, *Life*

Place of Death, { Give street and number. } *62 S Carrollton Ave*

Cause of Death, { First (Primary,) Second (Immediate,) } *Diphtheria*

Duration of Last Sickness, *One week*

All the above information should be furnished by the Physician.

Place of Burial, *St Peters Cemetery*

Date of Burial, *Oct 7th 1877*

{ Undertaker, *J. B. Cook* Place of Business, *No 704 W. Baltimore Street* }

Address *Mr Fay & Co Baltimore*

W. R. Reister M. D.
Medical Attendant.

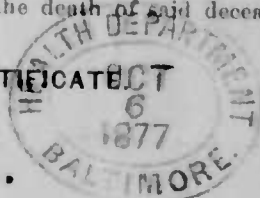
Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

184
The person who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by the physician or other person superintending the burial, within twenty-four hours after the death of said deceased, or so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE



CERTIFICATE OF DEATH.

Date of Death, *Oct 6/77*
Full Name of Deceased, { Write legibly and well correctly. If an infant not named, give names of parents. } *Lizzie Escudaro -*
Sex, Male or Female, { Cross out the word not required in this line. } *Female*
Age, *—* Years, *—* Months, *3* Days.
Color, *Colored* Sex, *Female*
~~Married~~, Single, ~~Widow~~, ~~or~~ ~~Widow~~ { Cross out the words not required in this line. }
Occupation, *—*
Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Balto. Md*
Duration of Residence in the City of Baltimore, *Life*
Place of Death, { Give street and number. } *21 Roberts St*
Cause of Death, { First (Primary,) *Immature (7 mos)*
Second (Immediate,) }
Duration of Last Sickness, *3 days*
All the above information should be furnished by the Physician.
Place of Burial, *Western Cemetery* *Thomas Opie* M. D.
Date of Burial, *Oct 6 to 1877* Medical Attendant.
{ Undertaker, *203 Loane* Address *396 W Fayette*
{ Place of Business, *528 W. Balto*

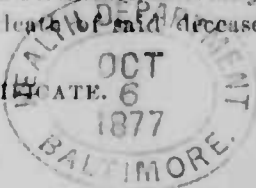
Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Registrar or other person superintending the burial, within twenty-four hours after the death of said deceased, or so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *October 5th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Teresa Kessel*

Sex, ~~Male~~ Female, { Cross out the words not required in this line. }

Age, *3* Years, *3* Months, *—* Days

Color, *white*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, *—*

Birthplace, { State or country (and how long in United States, if of foreign birth.) } *Baltimore*

Duration of Residence in the City of Baltimore, *Life*

Place of Death, { Give street and number. } *336 S. Bond St.*

Cause of Death, { First (Primary,) Second (Immediate,) } *Marasmus — one month*

Duration of Last Sickness, *one month*

All the above information should be furnished by the Physician.

Place of Burial, *N. Pub Cemetery*

Date of Burial, *Oct 6 1877*

Undertaker, *C. Shippen*

Place of Business, *Pratt St.*

Address, *Commissioner of Health*
Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Investigation by Geo E Taylor, S. Inspector
Information from Asst Kessel father

attended any person in a last illness is responsible for the presentation of this Certificate properly filled
or other person superintending the burial, within twenty-four hours after the death of said deceased, or
to do, under penalty of law.
PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE



CERTIFICATE OF DEATH.

Date of Death, *Oct. 6, 9 Am.*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Margaritta Langney*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *47* Years, _____ Months, _____ Days.

Color, *White*

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Ireland*

Duration of Residence in the City of Baltimore, *25 yrs*

Place of Death, { Give street and number } *105 S. Eyster St.*

Cause of Death, { First (Primary),
Second (Immediate), } *Phthisis Pulmonalis*

Duration of Last Sickness, *Some months*

All the above information should be furnished by the Physician.

Place of Burial, *Holy Cross Cem*

Date of Burial, *Oct 8th 1877*

{ Undertaker, *Chas J Scriven*
Place of Business, *271 N. Eutaw St* }

Address *11 S. High St*

A. H. Hershman M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

187

OFFICE OF REGISTRAR OF VITAL STATISTICS

Who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested by the authority of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *Saturday, October 7th, 1877*

Full Name of Deceased, *Write legibly and spell correctly. If an infant not named, give names of parents.* *May A. Heath*

Sex, Male or Female, *Cross out the word not required in this line.* *Female*

Age, *35* Years, _____ Months, _____ Days.

Color, *White*

Married, Single, Widow or Widower, *Cross out the words not required in this line.* *Married*

Occupation, _____

Birthplace, *State or country (and how long in the United States, if of foreign birth)* *Baltimore Md.*

Duration of Residence in the City of Baltimore, *Lifetime*

Place of Death, *Give street and number.* *100 Hillen St.*

Cause of Death, *First (Primary),* *Burn of the third degree, involving*
Second (Immediate), *max the third of the cutaneous surface.*

Duration of Last Sickness, *14 Hours*

All the above information should be furnished by the Physician.

Place of Burial, *Balto Cent*

Date of Burial, *Oct 7 - 1877*

Undertaker, *John J. Rodenmayer*

Place of Business, *Cnr Seenuunt Ave and Monument St*

Address *#25 Seenuunt Ave*

William Brinkley M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled
or other person superintending the burial, within twenty-four hours after the death of said deceased, or
to do, under penalty of law.

PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *3rd October 1877*
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Joseph Blumens*
Sex, Male or Female, { Cross out the word not required in this line. } *Male*
Age, *00* Years, *3* Months, Days.
Color, *White*
Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Married*
Occupation, *Merchant*
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Germany*
Duration of Residence in the City of Baltimore, *40 years*
Place of Death, { Give street and number. } *195 Mid Hill Avenue*
Cause of Death, { First (Primary,) *Cirrhosis of liver*
Second (Immediate,) *Hematemesis* }
Duration of Last Sickness, *12 hours*
All the above information should be furnished by the Physician.
Place of Burial, *Bar Simia Cemetery*
Date of Burial, *Marbury Brewer* M. D.
Medical Attendant.
{ Undertaker, *M. Whelfelder* }
{ Place of Business, *No 71 East Lombard* } Address *20 W. Biddle St.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

189

OFFICE OF REGISTRAR OF VITAL STATISTICS

Who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Registrar or other person superintending the burial, within twenty-four hours after the death of said deceased, or so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

Oct. 6, 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Harry Lewis Riley

Sex, Male ~~or Female~~, { Cross out the words not required in this line. }

Age, 1 Year, 5 Months, 13 Days

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation,

None

Birthplace, { State or country (and how long in United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give street and number. }

114 S. Gilmore St.

Cause of Death, { First (Primary), Second (Immediate), }

Membranous Croup

Five days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, ~~But~~ ~~Christ~~

Date of Burial, Oct. 7, 1877

{ Undertaker, Wm. H. Harkman }

{ Place of Business, 254 N. Gay St }

John Hood M.D.
Medical Attendant.

Address, No. 2 N. Carey

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

190
any person in a last illness is responsible for the presentation of this Certificate, accurately filled
or other person superintending the burial, within twenty-four hours after the death of said deceased, or
so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Oct 3rd

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Viola Ponce

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age, *2-2* Years,

Months,

Days.

Color, *White*

Married, ~~Single~~, ~~Widow~~, ~~or~~ ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Ireland

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

18 years

Place of Death, { Give street and number. }

3 Hawk St

Cause of Death, { First (Primary,) Second (Immediate,) }

Softening of the Brain

Duration of Last Sickness,

3 months

All the above information should be furnished by the Physician.

Place of Burial, *Vincent's Cemetery*

Date of Burial, *Oct 7 1877*

{ Undertaker, *James P. Byrne*

{ Place of Business, *110 63 W Front St*

Address

J. D. Arnold

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

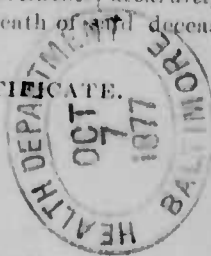
SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

97
OFFICE OF REGISTRAR OF VITAL STATISTICS

Who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Registrar of Vital Statistics, or other person superintending the burial, within twenty-four hours after the death of said deceased, or so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

October 6th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

John H. Crozier

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Male

Age, 4 Years, 8 Months, 13 Days.

Color,

White

~~Married, Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore City
Life

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

No 89 Eastern Avenue

Cause of Death, { First (Primary,) Second (Immediate,) }

Meningitis (Molecular)

Duration of Last Sickness,

Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct 5

Undertaker, Peter Gray

Place of Business, 91 Eastern Ave

Thomas J. Evans M. D.
Medical Attendant.

Address No 22 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, or other person superintending the burial, within twenty-four hours after the death of said deceased, or so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *Oct. 10th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Elizabeth Riley*

Sex, ~~Male~~ Female, { Cross out the words not required in this line. }

Age, *78* Years,

Months, Days

Color,

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) } *Maryland*

Duration of Residence in the City of Baltimore, *50 years*

Place of Death, { Give street and number. } *1444 S. Broadway*

Cause of Death, { First (Primary,) Second (Immediate,) } *Old age*

Duration of Last Sickness, *3 months*

All the above information should be furnished by the Physician.

Place of Burial, *Balto. Cem.*

Date of Burial, *Oct. 9th 1877*

{ Undertaker, *F. Frolich*

{ Place of Business, *Eastern av.*

James A. Stearns M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by P. W. Riley (brother-in-law) [OVER.]

173
OFFICE OF REGISTRAR OF VITAL STATISTICS

Who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Registrar or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

Oct 6th

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Jacob Kessler

Sex, Male or Female,

{ Cross out the words not required in this line. }

Age,

73

Years,

Months,

Days

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in United States, if of foreign birth.) }

Germany

Duration of Residence in the City of Baltimore,

16 years

Place of Death,

{ Give street and number. }

Balt. Infirmary

Cause of Death,

{ First (Primary.) }

{ Second (Immediate.) }

Apoplexy.

Duration of Last Sickness,

3 days

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore Cemetery

Date of Burial,

October 8th 1877

{ Undertaker,

Geo. Schilling

{ Place of Business,

Atsland Square

J. A. Ashby

M. D.

Medical Attendant.

Address,

Univ. Hospital

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

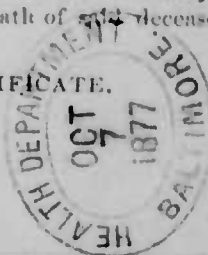
SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, or other person superintending the burial, within twenty-four hours after the death of the deceased, or so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Oct. 5 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sophy Klinghoefer

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age,

Years,

Months,

9

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

city

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

223 S Bond

Cause of Death, { First (Primary,) Second (Immediate,) }

Edema of Lungs

Duration of Last Sickness,

Four days

All the above information should be furnished by the Physician.

Place of Burial, 5

Reford St Paul Cemetery

Date of Burial,

October 7 1877

Abraham Arnold M.D.
Medical Attendant.

{ Undertaker,

H. Froehlich

{ Place of Business,

246 Eastern Ave

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the proper authorities, or other person superintending the burial, within twenty-four hours after the death of said deceased, or to do, under penalty of law.
PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *Oct 6th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *James Horan*

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *49* Years, Months, Days.

Color, *Wic*

Married, ~~Single~~ *Widow* or Widower, { Cross out the words not required in this line. }

Occupation, *Shoe Manufacturer*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore City*

Duration of Residence in the City of Baltimore, *Long - Life*

Place of Death, { Give street and number. } *42 Calhoun St*

Cause of Death, { First (Primary), Second (Immediate). } *Paralysis*

Duration of Last Sickness, *One Year*

All the above information should be furnished by the Physician.

Place of Burial, *Baltimore Cemetery*

Date of Burial, *Oct 8*

Undertaker, *J B Cook*

Place of Business, *707 West Baltimore*

Medical Attendant, *J W Dodge* M. D.

Address, *207 Hammon St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

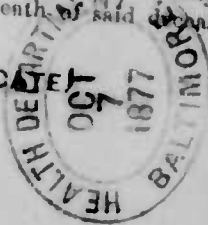
SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

196
OFFICE OF REGISTRAR OF VITAL STATISTICS

Who attended any person in a last illness is responsible for the presentation of this Certificate, ^{carefully filled}
or other person superintending the burial, within twenty-four hours after the death of said deceased, or
so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE



CERTIFICATE OF DEATH.

Date of Death, *Sept 6*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Meyer Benheim*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, *64*

Years,

Months,

Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Sex, *Male*

Occupation,

Married

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Dyer

Duration of Residence in the City of Baltimore,

Germany

Place of Death, { Give street and number. }

26 years

Cause of Death, { First (Primary,) Second (Immediate,) }

*127 S Ectaw Street
Cancer of the Stomach
Exhaustion
Six months*

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, *Oheb Shalom Cemetery*

Date of Burial, *October 8th 77*

Undertaker, *Yuen Eitan*

Place of Business, *101 Gough St*

A. S. Frederic

M. D.

Medical Attendant.

Address *88 W Ectaw Street*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

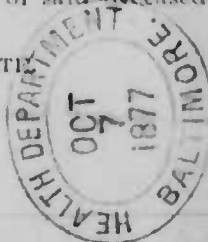
SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Registrar of Vital Statistics, or other person superintending the burial, within twenty-four hours after the death of said deceased, or so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

October 6th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Cora Andrews

Sex, ~~Male~~ or Female, { Cross out the words not required in this line. }

Age, 25 Years, — Months, 24 Days

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) }

Lexington, Kentucky

Duration of Residence in the City of Baltimore,

7 years

Place of Death, { Give street and number. }

470 Eighth St

Cause of Death, { First (Primary), Second (Immediate), }

Softening of the Brain

Duration of Last Sickness,

1 year

All the above information should be furnished by the Physician.

Place of Burial,

Green Mount Cemetery

Date of Burial,

Oct 8th 1877

{ Undertaker,

Wm. H. L. Loring

{ Place of Business,

203 Light St

Address, 146 Hanover St

M. D.

Medical Attendant.

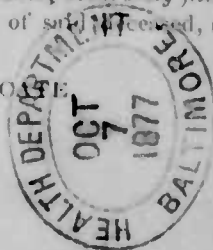
Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Registrar of Vital Statistics, or other person superintending the burial, within twenty-four hours after the death of such person, or so to do, under penalty of law.

A PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *Oct. 7th 71*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Peter M. Smiley.*

Sex, Male or Female, { Cross out the word not required in this line. } *Male.*

Age, *60* Years, *6* Months, Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Married.*

Occupation, *Labourer.*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Ireland.*

Duration of Residence in the City of Baltimore, *40 years*

Place of Death, { Give street and number. } *588 Pratt St*

Cause of Death, { First (Primary,) Second (Immediate,) } *Diarrhea Chronic*
Bronchitis

Duration of Last Sickness, *4 months.*

All the above information should be furnished by the Physician.

Place of Burial, *St Peter's Cemetery*

Date of Burial, *Oct 8*

Undertaker, *J. P. Cook*

Place of Business, *707 West Baltimore St*

Address *543 Lexington St*

W. H. S. M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

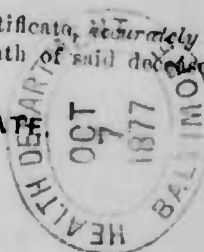
SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

1199
OFFICE OF REGISTRAR OF VITAL STATISTICS.

who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled*
 maker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or
 ted so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE



CERTIFICATE OF DEATH.

Date of Death,

Oct. 6th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Charlotte A. Dobson

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

Years,

5 Months,

Days.

Color,

Black

Sex,

Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Balto

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

16 Philpot alley

Cause of Death, { First (Primary), Second (Immediate), }

Capillary Bronchitis

Duration of Last Sickness,

3 days

All the above information should be furnished by the Physician.

Place of Burial, *Laurel Cemetery*

Date of Burial, *Oct 7 1877*

Undertaker, *Wm. A. Dargatz*

M. D.

Medical Attendant.

Place of Business, *162 East St.*

Address *1 1/2 S. Exeter St.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

200

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled*
 or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or
 ed so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

Oct 6 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Mary Powell

Sex, Male or Female, { Cross out the words not required in this line. }

Female

Age, 78 Years,

Months,

Days

Color,

Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Widow

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) }

Maryland

Duration of Residence in the City of Baltimore,

15 years

Place of Death, { Give street and number. }

178 Lygon St

Cause of Death, { First (Primary),
Second (Immediate). }

Influenza

Old age

Duration of Last Sickness,

18 months

All the above information should be furnished by the Physician.

Place of Burial,

Laurel Cemetery

Date of Burial, Oct 6 1877

J. A. Gillies

M. D.

Medical Attendant.

{ Undertaker, Wm. H. Dungey }

{ Place of Business, 10 62 East St }

Address, 150 W. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct Record of
 Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled
or other person superintending the burial, within twenty-four hours after the death of said deceased, or
to do, under penalty of law.

PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *Oct 6 - 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *May Albright*

Sex, Male or Female, { Cross out the word not required in this line. } *Female*

Age, _____ Years, *47* Months, _____ Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *1195 1/2 E. Ave*

Duration of Residence in the City of Baltimore, _____

Place of Death, { Give street and number. } *495 E. Ave*

Cause of Death, { First (Primary,) _____ Second (Immediate,) _____ } *Apoplexy*

Duration of Last Sickness, *Two Months*

All the above information should be furnished by the Physician.

Place of Burial, *London Park Cemetery*

Date of Burial, *Oct 7th 1877*

{ Undertaker, *Andrew Lutz* } *Gray & Co.* M. D.
{ Place of Business, *118 Duval Hill Ave* } Address *Gray & Co.* Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled
or other person superintending the burial, within twenty-four hours after the death of said deceased, or
so to do, under penalty of law.

PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

October 6th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Sylvester Miskelly

Sex, Male or Female,

Cross out the word not required in this line.

Age,

Years,

5

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

45 Chew St
Pulmonary Catarrh

Cause of Death,

First (Primary.)

Second (Immediate.)

Duration of Last Sickness,

7 Days

All the above information should be furnished by the Physician.

Place of Burial,

New Cathedral

Date of Burial,

Oct 7th 1877

Undertaker,

H. W. Mears

Place of Business,

45 N Gay St

C. L. Williams M. D.
Medical Attendant.

Address 201 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

1203, OFFICE OF REGISTRAR OF VITAL STATISTICS

Who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by the physician or other person superintending the burial, within twenty-four hours after the death of said deceased, or so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

October 6th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Philip Sherwood

Sex, Male or Female,

Cross out the word not required in this line.

Age,

6 1/2 Years,

Months,

Days.

Color,

Married, Single, Widowed or Widower,

Cross out the words not required in this line.

Occupation,

Ship Smith

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Maryland

Duration of Residence in the City of Baltimore,

Life time

Place of Death,

Give street and number.

No. 208 N. Broadway

Cause of Death,

First (Primary).

Second (Immediate).

Cardiac Asthma

Duration of Last Sickness,

16 days.

All the above information should be furnished by the Physician

Place of Burial,

Green Mt Cemetery

Date of Burial,

Oct 9th 1877

J. H. White,

M. D.

Medical Attendant.

Undertaker,

Hughes & Lee

Place of Business,

65 S Broadway

Address

341 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

1204
who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled
taker or other person superintending the burial, within twenty-four hours after the death of said deceased, or
ted so to do, under penalty of law.
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OFFICE OF REGISTRAR OF VITAL STATISTICS

CERTIFICATE OF DEATH.



Date of Death,

Oct 7

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Clara Trumbull

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 3 Years,

Color, White

Months, Female

Days.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Balto

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

14 South Front

Cause of Death, { First (Primary,) Second (Immediate,) }

Infer. Meningitis

Duration of Last Sickness,

Convulsions

All the above information should be furnished by the Physician.

2 weeks -

Place of Burial, Holy Cross

Date of Burial, Oct 8 1877

Undertaker, Jas P. Ryan

Place of Business, Front St

Geo B. Reynolds M. D. Medical Attendant.

Address 43 N. Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

205
OFFICE OF REGISTRAR OF VITAL STATISTICS

who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled
maker or other person superintending the burial, within twenty-four hours after the death of said deceased, or
ted so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

October 7th

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Mina Pape

Sex, Male or Female,

Cross out the words not required in this line.

Female

Age,

2

Years,

6

Months,

Days

Color,

White

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace, (State or country (and how long in United States, if of foreign birth.)

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, (Give street and number.)

335 William St

Cause of Death,

First (Primary.)

Diphtheria

Second (Immediate.)

Permia

Duration of Last Sickness,

8 Days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Church

Date of Burial, October 8th 1877

Undertaker, Andrews Knell

Place of Business, N. 206 Columbia St

C. L. Buddenbrot M.D.

Medical Attendant.

Address, 106 Columbia St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

1206

OFFICE OF REGISTRAR OF VITAL STATISTICS

who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled
taker or other person superintending the burial, within twenty-four hours after the death of said deceased, or
sted so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *Oct 4 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Anna Elisabeth*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } *Female*

Age, *Three* Years, *Four* Months, *ten* Days.

Color, *red* Sex, *Female*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *No 35 Rayburn St*

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } *No 32 Wayne St*

Cause of Death, { First (Primary,) Second (Immediate,) } *Throaty Cough*
Six weeks

Duration of Last Sickness,
All the above information should be furnished by the Physician.

Place of Burial, *Laurel Cemetery*

Date of Burial, *Oct 8 1877*

{ Undertaker, *H. M. Chase* Address *260 S. E. 1st St*
Place of Business, *801 1/2 Howard*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

207
who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled
maker or other person superintending the burial, within twenty-four hours after the death of said deceased, or
ted so to do, under penalty of law.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Oct 7th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents }

Annie Wilson

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age, 43 Years,

Color, Black.

Months,

Days.

Sex, Female.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Married.

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Maryland.

Duration of Residence in the City of Baltimore,

Twenty years.

Place of Death, { Give street and number. }

14 Philpot alley
Peritinitis

Cause of Death, { First (Primary),
Second (Immediate.) }

Duration of Last Sickness,

Several weeks

All the above information should be furnished by the Physician.

Place of Burial, New Evergreen

Date of Burial, Mon. Oct 8th 1877

D. M. Battelle M. D.
Medical Attendant.

{ Undertaker, Charles & White

{ Place of Business, 35 Granby st

Address 21 Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of
Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by the physician or other person superintending the burial, within twenty-four hours after the death of said deceased, or so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *October 7th 1877.*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Thomas D. Grean.*

Sex, *Male* or *Female*, { Cross out the words not required in this line. }

Age, *3 Years,* *2 Months,* Days

Color, *White-*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) } *Washington, D. C.*

Duration of Residence in the City of Baltimore, *2 years.*

Place of Death, { Give street and number. } *172 Henrietta St.*

Cause of Death, { First (Primary,) Second (Immediate,) } *Dysentery*

Duration of Last Sickness, *2 days*

All the above information should be furnished by the Physician.

Place of Burial, *St. Paul's Cemetery*

Date of Burial, *October 8th*

{ Undertaker, *F. H. Groll* } Address, *152 S. Sharp St.,*

{ Place of Business, *121 Hanover St.* }

R. J. H. Fall, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the proper authorities, or other person superintending the burial, within twenty-four hours after the death of said deceased, or so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

October 7th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Eugene C. Ames

Sex, Male or Female, { Cross out the word not required in this line. }

Age, / Years, 11 Months, 17 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Maryland
Lifetime

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

303 N. Gay St.

Cause of Death, { First (Primary.)
Second (Immediate.) }

Erysipelas
4 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Oct. 8th 1877

{ Undertaker, Wm. H. H. Chapman

{ Place of Business, 284 N. Gay St.

Geo. Brooke Byrle M. D.
Medical Attendant.

Address 466 E. Eager St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

attended any person in a last illness is responsible for the presentation of this Certificate, accurately filed
or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or
to do, under penalty of law.

21210
PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *October 7, 1877*
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Larrah Eliza L. Smith*
Sex, Male or Female, { Cross out the word not required in this line. } *Female*
Age, *27* Years, _____ Months, _____ Days.
Color, *White*
Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Married*
Occupation, _____
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore City*
Duration of Residence in the City of Baltimore, *Life time*
Place of Death, { Give street and number. } *215 N. Bond*
Cause of Death, { First (Primary,) *Cerebral*
Second (Immediate,) *Phthisis Pulmonalis* }
Duration of Last Sickness, *Six Weeks*
All the above information should be furnished by the Physician.
Place of Burial, *Western Cemetery*
Date of Burial, *Oct-9/77*
{ Undertaker, *Vin & Co*
Place of Business, *104 W Broadway* } Address *299 E. Baltimore St*

James E. Driville M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled
 or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or
 so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Oct. 5. 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Geo Marshall

Sex, Male or Female, { Cross out the words not required in this line. }

Male

Age, ~~7~~ ⁸ ~~or 9~~ Eight Years,

Months,

Days

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Unknown

Occupation,

Labourer

Birthplace, { State or country (and how long in United States, if of foreign birth.) }

Unknown

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

104 Thomas St

Cause of Death, { First (Primary.) Second (Immediate.) }

Diarrhea and enteric fever.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, E Plummer

Date of Burial, Oct 5

Undertaker, Charles Streper

Place of Business, Pratt & Hester St

D. C. Deland M. D.

Address, Corcoran & Co.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

2/2/2, No 21212
Office of Registrar of Vital Statistics
who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled
taker or other person superintending the burial, within twenty-four hours after the death of said deceased, or
sted so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *October 6, 1877*
Full Name of Deceased, *Isaac Banks*
Sex, Male or Female, *Male*
Age, *55* Years, Months, Days.
Color, *Black*
Married, Single, Widow or Widower, *Single*
Occupation, *Unknown*
Birthplace, *Maryland*
Duration of Residence in the City of Baltimore, *Unknown*
Place of Death, *Baltimore City Jail*
Cause of Death, *Heart disease*
Duration of Last Sickness, *3 weeks*
Place of Burial, *Elphinstone*
Date of Burial, *Oct 6 1877*
Undertaker, *Charles Strayer*
Place of Business, *Pratt Street*
Address, *B-E. Baltimore St.*
M. D. *J. H. Henshaw*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by the physician or other person superintending the burial, within twenty-four hours after the death of said deceased, or so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Oct 7th 77

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Ida Wang

Sex, ~~Male~~ or Female,

Cross out the word not required in this line.

Age,

Years,

13

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Mo

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

65 Penna Ave

Cause of Death,

First (Primary),

Second (Immediate),

Diphtheritic Croup

Duration of Last Sickness,

2 days

All the above information should be furnished by the Physician.

Place of Burial,

London Park Cemetery

Date of Burial,

Oct 8 1877

Undertaker,

Andrew Leitz

Place of Business,

118 Druid Hill Ave

J. K. Keller

M. D.

Medical Attendant.

Address

87 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled
taker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or
sted so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

7th Oct. 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Mary Boice

Sex, ~~Male~~ or Female, { Cross out the words not required in this line. }

Age, 63 Years,

Months,

Days

Color,

White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Lady

Birthplace, { State or country (and how long in United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give street and number. }

296 McHenry St.

Cause of Death, { First (Primary),
Second (Immediate), }

Phthisis

Dropsy

Duration of Last Sickness,

Two years

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Oct 9

John Hood M.D.
Medical Attendant.

{ Undertaker, J.B. Cook

Address, No. 2 N. Carey St.

{ Place of Business, 707 West Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

1215

OFFICE OF REGISTRAR OF VITAL STATISTICS

who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled
taker or other person superintending the burial, within twenty-four hours after the death of said deceased, or
ted so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Eight Years, Months, Days.

Color, white Sex, male

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet D. B. Deland M. D.

Date of Burial, Oct 8, 1877 Medical Attendant.

Undertaker, Wm. Hughes Address

Place of Business, 608 B. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

1216

OFFICE OF REGISTRAR OF VITAL STATISTICS

who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or not so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *October 7th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Elizabeth P. Wright*

Sex, ~~Male~~ Female, { Cross out the words not required in this line. }

Age, *Thirty-five* Years, *Five* Months, _____ Days

Color, *White*

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in United States, if of foreign birth.) } *Pa.*

Duration of Residence in the City of Baltimore, *Eighteen* Years.

Place of Death, { Give street and number. } *501 Aisquith St Balt*

Cause of Death, { First (Primary,) Second (Immediate,) } *Pulmonary Consumption*

Duration of Last Sickness, *Four or five years*

All the above information should be furnished by the Physician.

Place of Burial, *Balti Ceme*

Date of Burial, *Oct 9 1877*

{ Undertaker, *John A. Rodman* } Address, *53 N. Peace St*

{ Place of Business, *Cir. German St* }

W. H. Hammond M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Office of Registrar of Vital Statistics.

21217
who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled
taker or other person superintending the burial, within twenty-four hours after the death of said deceased, or
sted so to do, under penalty of law.
No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Male or Female,

Cross out the words not required in this line.

Age, about 65 Years,

Color,

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.)

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number.

Cause of Death, { First (Primary.)
Second (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Public Cemetery

Date of Burial, Oct 7 1877

Undertaker, F. A. Kerckhoff

Place of Business, 50 S. Carroll

Address,

R. C. Lee M.D.

Baron S.D.
Barry S.D.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.]

1218,
who attended any person in a last illness is responsible for the accuracy of this Certificate, accurate as far as possible, and for the death of said deceased, or
maker or other person superintending the burial, within twenty-four hours of the death of said deceased, or
ed so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Oct 3 - 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Chas William Smothers

Sex, Male or Female { Cross out the word not required in this line. }

Age,

Years,

One

Months,

Twenty-four

Days.

Color, ED

Sex,

Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Baltimore City

Duration of Residence in the City of Baltimore,

Since Birth

Place of Death, { Give street and number. }

48 Boyd St

Cause of Death, { First (Primary,) Second (Immediate,)

Insufficient and improper nutrition most of its life

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Western Public Cemetery

Date of Burial,

Oct 4 - 1877

Undertaker,

F. A. Kerchner

Place of Business,

50 S. Carroll St

Address

290 Madison Ave

C. C. McDowell M. D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

21219
OFFICE OF REGISTRAR OF VITAL STATISTICS.

who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 7, 77.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Catherine Ward

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 2 Years, 8 Months, Days.

Color, White

Married, Single, Widowed or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } London England

Duration of Residence in the City of Baltimore, 20 years

Place of Death, { Give street and number. } 229 Linden St

Cause of Death, { First (Primary.) } Phthisis Pulmonalis
{ Second (Immediate.) } atrophy debility

Duration of Last Sickness, Several Weeks

All the above information should be furnished by the Physician

Place of Burial, St. Peter's Cemetery

Date of Burial, Oct 8 1877

Undertaker, James O. Byrne

Place of Business, No 63 N. Street St

Signature of Medical Attendant: S. M. Eastman M. D.
Address: 279 N. Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the proper authorities, or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or so to do, under penalty of law.

A PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

21220

CERTIFICATE OF DEATH.



Date of Death,

Oct. 8th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Margaret Baker

Sex, ~~Male~~ Female,

Cross out the word not required in this line.

Age,

77 Years,

9 Months,

Days.

Color,

White.

~~Married, Single~~ Widow ~~Widower~~, Cross out the word not required in this line.

Occupation,

Birthplace, State or country (and how long in the United States, if of foreign birth.)

Wassford Co. Md

Duration of Residence in the City of Baltimore,

Fifty years.

Place of Death, Give street and number.

292 E. Pratt St.

Cause of Death,

First (Primary).

Second (Immediate).

Apoplexy.

Duration of Last Sickness,

Eight days.

All the above information should be furnished by the Physician.

Place of Burial,

Ballo. Cem.

Date of Burial,

Oct. 8th 1877

Undertaker,

Frey & Bro.

Place of Business,

Madison & Ann

Aug. F. Erich

M. D.

Medical Attendant.

Address

94 S Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, or other person superintending the burial, within twenty-four hours after the death of said deceased, or so to do, under penalty of law.

21221
PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Oct 8th 77

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents.

Henry Koehler

Sex, Male or Female, Cross out the word not required in this line.

Age,

Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower, Cross out the words not required in this line.

Occupation,

None

Birthplace, State or country (and how long in the United States, if of foreign birth.)

Balt

Duration of Residence in the City of Baltimore,

all life

Place of Death, Give street and number.

36 E. Mc Elroy St

Cause of Death, First (Primary.)
Second (Immediate.)

Playing with matches
Burn

Duration of Last Sickness,

24 hours

All the above information should be furnished by the Physician.

Place of Burial,

Cypress Cemetery

Date of Burial,

9th of October

Undertaker,

Edma J. Walker

M. D.

Medical Attendant.

Place of Business,

do 36 E. Mc Elroy St

Address

Corner of...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

222

OFFICE OF REGISTRAR OF VITAL STATISTICS

Who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Registrar of Vital Statistics, or other person superintending the burial, within twenty-four hours after the death of said deceased, or so to do, under penalty of law.

21222

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 6 1897

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Wm. Bradley*

Sex, Male or Female, { Cross out the words not required in this line. } *Male*

Age, *68* Years, Months, Days

Color, *Caucasian*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Married*

Occupation, *Laborer*

Birthplace, { State or country (and how long in United States, if of foreign birth.) } *Queen Anne's Co. Md.*

Duration of Residence in the City of Baltimore, *20 Years*

Place of Death, { Give street and number. } *1022 N. Dallas*

Cause of Death, { First (Primary,) Second (Immediate,) } *Quincy of the Liver*

Duration of Last Sickness, *Six Months*

All the above information should be furnished by the Physician.

Place of Burial, *Dallas Cem.*

Date of Burial, *Oct 9 1897*

Undertaker, *Theo J. Socher*

Place of Business, *5 E. Jefferson*

G. L. Hoffman M. D.
Medical Attendant.

Address, *174 N. Broadway*

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by the physician or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

21223

CERTIFICATE OF DEATH.



Date of Death,

October 8. '77.

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents }

Peter Rockwell

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

63

Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Not determined

Occupation,

Laborer

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Virginia,

Duration of Residence in the City of Baltimore,

Several years,

Place of Death,

{ Give street and number. }

765 Light St.

Cause of Death,

{ First (Primary.) }

Paralysis - (hemiplegia)

{ Second (Immediate.) }

Asthenia

Duration of Last Sickness,

9 Weeks

All the above information should be furnished by the Physician.

Place of Burial,

Western Cemetery

Date of Burial,

Oct 10th 1877

Undertaker,

Julius Kachler

Place of Business,

220 Sharp Bros & Co

Address

529 Light St.

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

1224,
OFFICE OF REGISTRAR OF VITAL STATISTICS.

who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled
taker or other person superintending the burial, within twenty-four hours after the death of said deceased, or
sted so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years,

Color, Colored

Sex, Female

Months, 5

Days.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary), Second (Immediate), }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 9 1877

Under signer, Wm A Dunge

Place of Business, 1062 East St

Address

73 E Pratt St

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

225

OFFICE OF REGISTRAR OF VITAL STATISTICS.

who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to
 other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner if requested
 penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

October 9th 1877

Full Name of Deceased,

Write legibly and spell
 correctly. If an infant
 not named, give names
 of parents.

Hy. Rowan Lee

Sex, Male or Female,

Cross out the word not
 required in this line.

Male

Age,

32 Years,

2 Months,

X Days.

Color,

White

Married, Single, Widow or Widower,

Cross out the words not
 required in this line.

Single Married

Occupation,

Painter

Birthplace,

Baltimore

Duration of Residence in the City of Baltimore,

Here on a visit since June, 1877

Place of Death,

44 Pearl St

Cause of Death,

First (Primary.)
 Second (Immediate.)

Dissipated. Tuberc. Meningitis.

Duration of Last Sickness,

4-7-5 weeks

All the above information should be furnished by the Physician

Place of Burial, Loudon Park

Date of Burial, Oct. 12th

Undertaker, Wm. J. Dickner

Place of Business, 65 S. Eutan

Address

55 N. Green St.

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of
 Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the
 Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight
 hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the
 same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and
 date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

1226

OFFICE OF REGISTRAR OF VITAL STATISTICS.

who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled
 taker or other person superintending the burial, within twenty-four hours after the death of said deceased, or
 ested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE



CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 4 Years, 7 Months, 12 Days.

Color, White

Married, Single, Widowed or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary), Second (Immediate). }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

{ Undertaker,

{ Place of Business,

Address

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

122

OFFICE OF REGISTRAR OF VITAL STATISTICS.

who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled
 maker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or
 ted so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Oct. 6th, 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Walter Martin

Sex, Male or Female,

Cross out the word not required in this line.

Age,

6

Years,

6

Months,

Days.

Color,

white

Sex,

male

~~Married, Single, Widowed or Widower,~~

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Balt. Md.

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

534 Bismuth St.

Cause of Death,

First (Primary)

Second (Immediate)

Diphtheria

Duration of Last Sickness,

12 days

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore Cemetery

Date of Burial,

October 9th 1877

Undertaker,

Wm. H. Hickman

Place of Business,

234 N. Gay St.

M. B. Billingslea

M. D.

Medical Attendant.

Address *Cor. Gay and Biddle St.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

220
The person attending any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Registrar of Vital Statistics, or other person superintending the burial, within twenty-four hours after the death of said deceased, or to do, under penalty of law.
A PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

~~Sex, Male or Female,~~ { Cross out the word not required in this line. }

Age,

Color,

Years,

Months,

12 Days.

~~Married, Single, Widow or Widower,~~ { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

Undertaker,

Place of Business,

St. Alphonsus Cemetery

Aug 9th 1877

Adam Smith

461 North Gay St.

Address

97 Greenmount Ave.

Convulsions
3 days

Silas N. Hunter M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS

Who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *October 8*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Hester Jennie Miller*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *7* Years, *9* Months, Days.

Color, *white*

~~Married, Single, Widowed or Widower,~~ { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Balto*

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } *154 N. Caroline St*

Cause of Death, { First (Primary,) Second (Immediate,) } *Charlief fever*

Duration of Last Sickness, *2 days*

All the above information should be furnished by the Physician.

Place of Burial, *Balto Cemetery*

Date of Burial, *Oct 10 1877*

J. J. Hop M. D.
Medical Attendant.

{ Undertaker, Place of Business, } *Fry & Bros Broadway*

Address *137 Adams St*

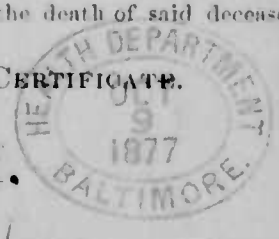
Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by the physician or other person superintending the burial, within twenty-four hours after the death of said deceased, or so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, Oct. 8, 1877.
Full Name of Deceased, Susan Harris
~~Sex, Male or Female,~~ 41 Years, — Months, — Days.
Color, Black

~~Married, Single, Widow or Widower,~~ Scambrick
Occupation, Orange C. House, Va.
Birthplace, About three years
Duration of Residence in the City of Baltimore, No. 41 Perry St.
Place of Death, Acute Cerebral meningitis
Cause of Death, About three weeks
Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Sharp Cemetery
Date of Burial, Oct 10 1877
Undertaker, J. W. Chase
Place of Business, No 128 Howard
Address, No. 50 N. Calvert St.
Alex. Hill M. D. Medical Attendant.

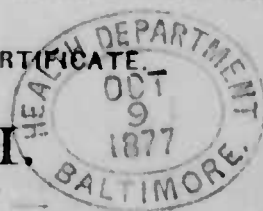
Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

23

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE



CERTIFICATE OF DEATH

CERTIFICATE OF DEATH.
 Oct. 8 1877

Michael Hoolahan

11 Months, 1

See, - Ball -

do not }
line. }

" — " — "

Queens Co Ireland —

- 20 years -

556 Ramsey Street

Empusa Peduncularia Lysch.
Structure Ductus

lecture of Lecture 1
- 8 months

the Physician.

11/10/20

W. A. B. Sullivan M. D.

Medical Attendant.

Address Laurele J Banoltton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

1232

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE



CERTIFICATE OF DEATH.

Date of Death,

October 8th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents }

Flora Jacobs
Female

Sex, Male or Female, { Cross out the word not required in this line. }

Age, (5) Five Years,

Months,

Days.

Color,

White

Sex,

Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

City of Balto

Duration of Residence in the City of Baltimore,

Since Birth

Place of Death, { Give street and number. }

94. St Peter St

Cause of Death, { First (Primary), }
{ Second (Immediate), }

Dropsy. Glands

Duration of Last Sickness,

28. Days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet, Co. Ino & Blake

M. D.

Medical Attendant.

Date of Burial, Oct 10 1877

{ Undertaker, J. B. Blackiston & Son
{ Place of Business, 606 Bate St

Address 14 of Scott St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

21233

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or requested so to do, under penalty of law.
No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, Oct 8th 1877
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ann Foss
Sex, Male or Female, { Cross out the words not required in this line. }
Age, 66 Years, _____ Months, _____ Days
Color, White
Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }
Occupation, _____
Birthplace, { State or country (and how long in United States, if of foreign birth) } Baltimore
Duration of Residence in the City of Baltimore, Life
Place of Death, { Give street and number. } 279 Drums Hill av
Cause of Death, { First (Primary.) Apoplexy
Second (Immediate,) _____ }
Duration of Last Sickness, About 3 weeks
All the above information should be furnished by the Physician.
Place of Burial, Old Catholic Cem
Date of Burial, Oct 10th 1877
{ Undertaker, Hughes & Co
{ Place of Business, 386 Key St }
Address, _____
_____ M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

REGISTRAR OF VITALS
Who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled
by the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or
so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Oct 9. 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Ella May

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age,

2

Years,

10

Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

city

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

264 E. Broadway

Cause of Death, { First (Primary,) Second (Immediate,) }

Croup

Duration of Last Sickness,

No days

All the above information should be furnished by the Physician.

Place of Burial, Fels Fund Cemetery

Date of Burial, Oct 10 1877

Abram B. Arnold, M. D.

Medical Attendant.

Undertaker, Wm. Egan

Place of Business, 121 E. Broadway

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

21235

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *Oct 9th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } *Rudolf Hauck*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, *3* Years, *7* Months, Days.

Color, *White* Sex, *Male*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *12 Williams on St City*

Duration of Residence in the City of Baltimore, *Since birth*

Place of Death, { Give street and number. } *328 Pratt Street*

Cause of Death, { First (Primary,) *R. B. accident*
Second (Immediate,) *Concussion of the Brain*

Duration of Last Sickness, *20 hours*

All the above information should be furnished by the Physician.

Place of Burial, *Baltimore country* *J. Wm Walls* M. D.
Medical Attendant.

Date of Burial, *Oct 10*

{ Undertaker, *Gorge Feinbeck* Address
Place of Business, *388 W Pratt St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

21236

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 9th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Emma Bross

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age, 14 Years, Months, Six Days.

Color, White

Married, Single, Widowed or Widower, { Cross out the words not required in this line. } Single

Occupation, Schoolgirl

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } America

Duration of Residence in the City of Baltimore, 14 Years, 6 Days

Place of Death, { Give street and number. } 151 W. Lombard St.

Cause of Death, { First (Primary,) Typhoid fever
Second (Immediate,) Pyaemic Erysipelas

Duration of Last Sickness, 5 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Hill C.

Date of Burial, 10th of Oct 1877

{ Undertaker, J. H. Venable

{ Place of Business, 35 S. Calver St.

Address 165 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

21237

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *Oct 9th 1877*

Full Name of Deceased, *Wm M Clarke*

Sex, Male ~~or Female~~, *Male*

Age, *54* Years, Months, Days.

Color, *White* Sex, *Male*

Married, Single, ~~Widow~~, *Police*

Occupation, *Police*

Birthplace, *Ireland*

Duration of Residence in the City of Baltimore,

Place of Death, *41 S. Charles St*

Cause of Death, *Heart Disease (Hypertrophy)*

Duration of Last Sickness, *1 1/2 days*

All the above information should be furnished by the Physician.

Place of Burial, *Cathedral Cemetery* *Leopold Reynolds* M. D.

Date of Burial, *Oct 14th 1877* *43 N. Calvert* Medical Attendant.

Undertaker, *Joseph F Payne* Address

Place of Business, *59 Liberty St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

October 9th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Theodore Badenheir

Sex, Male or Female,

Cross out the word not required in this line.

Age,

41

Years,

Months,

Days,

Color,

White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,

Cross out the words not required in this line.

Occupation,

Distiller
Germany

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Duration of Residence in the City of Baltimore,

7 years

Place of Death,

Give street and number.

No 2 Stockholm St

Cause of Death,

First (Primary.)

Paralysis

Second (Immediate.)

Rhthm's Pulmonalis

Duration of Last Sickness,

2 years.

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore Cemetery

Date of Burial,

October 11th 1877

Undertaker,

W. H. Hodge

Place of Business,

97 Vertueville

W. H. Hodge

M. D.

Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

21239

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Full Name of Deceased,

Baltimore October 9th 1877.
Martha S. Hughes

Sex, ~~Male~~ or Female,

Write legibly and spell correctly. If an infant not named, give names of parents.

Age,

Color,

Married, ~~Single~~ Widow or Widower,

Occupation,

Birthplace,

Duration of Residence in the City of Baltimore,

Place of Death,

Cause of Death,

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

Undertaker,

Place of Business,

Years,

Months,

Days.

Sex,

Maryland Cal. B.

28 Years.

3. Adams St. W.

Heart Disease.

Congestion of Lungs & Brain.

Several Minutes.

Balto Cemetery

Oct 11th 1877

Hughes & Co

Address

J. J. Crockett M. D.

Medical Attendant.

23. S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or tested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

Oct 9, 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Joseph F. Ebert

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age, ——— Years, ——— Months, ——— Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

city

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

18098 Summit St.
Measles

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

since birth.

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

Abram B. Arnold M. D.
Medical Attendant.

{ Undertaker,

{ Place of Business,

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

October 9

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Peter Frien

Sex, Male or Female, { Cross out the words not required in this line. }

Age, 45 Years,

1

Months,

15

Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Baker

Birthplace, { State or country (and how long in United States, if of foreign birth.) }

Germany

Duration of Residence in the City of Baltimore, 23 years

Place of Death, { Give street and number. }

342 S. Charles St

Cause of Death, { First (Primary.) Second (Immediate.) }

Typhoid Fever

Abscess of the Liver

Duration of Last Sickness,

3 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore (German)

Date of Burial, Oct. 11 1877

Undertaker, { Name of Undertaker } Address, 146. Hanson St

Place of Business, { Name of Business } Address, 146. Hanson St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled
taker or other person superintending the burial, within twenty-four hours after the death of said deceased, or
ted so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *October 8th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *William Anna Courtnay*

Sex, Male or Female, { Cross out the word not required in this line. } *Female*

Age, Years, *3* Months, *5* Days, *27*

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth). } *Baltimore*

Duration of Residence in the City of Baltimore, _____

Place of Death, { Give street and number. } *175 N. Eden St*

Cause of Death, { First (Primary), Second (Immediate). } *Convulsions*

Duration of Last Sickness, *Nine hours*

All the above information should be furnished by the Physician.

Place of Burial, *Baltimore Cemetery*

Date of Burial, *Oct 10th 1877*

{ Undertaker, *Mm. H. Hickman*

{ Place of Business, *234 N. Gay St.*

A. E. Stein, M. D.
Medical Attendant.

Address *195 N. Eden St.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS

who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or
 stated so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Oct 9th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Margaret Helfrich

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

18 Years,

11 Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

100 Pierce St

Cause of Death, { First (Primary.) Second (Immediate.) }

Pulmonary Consumption

Duration of Last Sickness,

1 Year

All the above information should be furnished by the Physician.

Place of Burial,

St. Ann's Cemetery

Date of Burial,

Oct 10 1877

J. T. Knight M. D.

Medical Attendant.

{ Undertaker,

Wm. Hammer

{ Place of Business,

311 Duval Street

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

21244
OFFICE OF REGISTRAR OF VITAL STATISTICS.

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled
undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or
requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, October 10 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Richard Henry Cook

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 21 Years, 3 Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Laborer

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number. } 18 Calverton Alley

Cause of Death, { First (Primary,) Second (Immediate,) } Typhoid Fever

Duration of Last Sickness, Nine months

All the above information should be furnished by the Physician.

Place of Burial, St. Peter Cemetery

Date of Burial, October 18 1877

{ Undertaker, Peter Hammer

{ Place of Business, 317 Mulberry St. Address 558 N. E. St.

M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

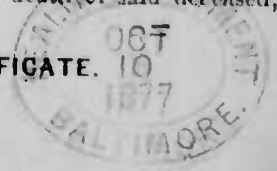
[OVER.]

21245

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, and signed by him or other person superintending the burial, within twenty-four hours after the death of said deceased, or requested to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *October 10th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Gladys Oettinger*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *9* Years, *3* Months, Days.

Color, *white* Sex, *female*

~~Married~~, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Balt. Md.

Duration of Residence in the City of Baltimore, *lifetime*

Place of Death, { Give street and number. }

N. 12 S. Greene St.

Cause of Death, { First (Primary), Second (Immediate), }

*Diphtheria -
Laryngitis.*

Duration of Last Sickness, *one week*

All the above information should be furnished by the Physician.

Place of Burial, *Oheb Shalom Cemetery* *Henry L. L. M. D.*

Date of Burial, *Oct. 11th 77*

Undertaker, *Wm. E. L. L.*

Place of Business, *108 Gough St.* Address *165 W. Lombard St.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

K

21246

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Physician who attended any person in a last illness is responsible for the presentation of this Certificate accurately filled
 undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or
 requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *Oct 9th 1877*

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. *Thos. H. Walsh Jr*

Sex, Male or Female, Cross on the word not required in this line. *Male*

Age, *Two (2)* Years, *Nine (9)* Months, *Three (3)* Days.

Color, *White* Sex, *Male*

Married, Single, Widow or Widower, Cross out the words not required in this line.

Occupation,

Birthplace, State or country (and how long in the United States, if of foreign birth.) *City of Balto*

Duration of Residence in the City of Baltimore, *Recent Birth*

Place of Death, Give street and number. *No 51 Woodward St*

Cause of Death, First (Primary,) Second (Immediate,) *Diphtheria*

Duration of Last Sickness, *Nine (9) Days*

All the above information should be furnished by the Physician.

Place of Burial, *Cathedral Cemetery*

Date of Burial, *October 12th 1877*

Undertaker, *M. J. Dill*

Place of Business, *183 Calumet Ave*

Address *110 of Calumet St*

Thos D. Blaise M. D.
 Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of
 Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

21247
OFFICE OF REGISTRAR OF VITAL STATISTICS.

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, by the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

October 10th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Minira Robinson.

Sex, Male or Female,

Cross out the word not required in this line.

Female

Age,

37

Years,

Months,

Days.

Color,

White

Sex,

Female

Married, Single, Widow or Widower,

Cross out the word not required in this line.

Married.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

State of New York.

Duration of Residence in the City of Baltimore,

About twelve years.

Place of Death,

Give street and number.

43 Hampstead

Cause of Death,

First (Primary),

Second (Immediate),

Cirrhosis (of Liver)

Duration of Last Sickness,

Several months

All the above information should be furnished by the Physician.

Place of Burial,

Balto Cemetery

Date of Burial,

October 11

D. Webster Catheell M. D.

Medical Attendant.

Undertaker,

W. C. Watchman

Place of Business,

191 S Bond St

Address

2 N Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

21248

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *October 10th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Neil Dougherty*

Sex, *Male* ~~Female~~, { Cross out the words not required in this line. }

Age, *62* Years, Months, Days

Color, *Wh.*

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line }

Occupation, *Miller*

Birthplace, { State or country (and how long in United States, if of foreign birth.) } *Ireland*

Duration of Residence in the City of Baltimore, *43* years.

Place of Death, { Give street and number. } *Fort Ave.*

Cause of Death, { First (Primary,) Second (Immediate,) } *Congestion of Lungs.*

Duration of Last Sickness, *4 days.*

All the above information should be furnished by the Physician.

Place of Burial, *New Cathedral*

Date of Burial, *Oct 12/77*

Undertaker, *Hughes & Co*

Place of Business, *65 Broadway*

R. J. N. Tall M. D.
Medical Attendant.

Address, *152 S. Sharp St.*

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

21249
The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

Oct 8 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Bennie Hebler

Sex, Male ~~Female~~, { Cross out the words not required in this line. }

Age,

7

Years,

7

Months,

Days

Color,

White

~~Married~~ Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Nursing

city

Birthplace, { State or country (and how long in United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

1 year 7 months

Place of Death, { Give street and number. }

Lemon St #53

Cause of Death, { First (Primary), Second (Immediate), }

True Croup or Membranous Croup

Apnoea

Duration of Last Sickness,

Three days

All the above information should be furnished by the Physician.

Place of Burial,

St. Peters.

Date of Burial,

Oct 11 1877

{ Undertaker, C. J. Hammett }

{ Place of Business, Cor Poppleton & Paratoga }

J. H. Clawson

M. D.

Medical Attendant.

Address, Baltimore Infirmary

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

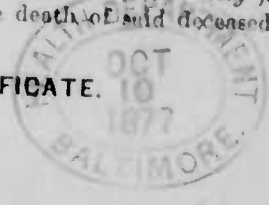
No. 21257

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by the undertaker or other person superintending the burial, within twenty-four hours after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Oct. 10th, 1877.

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

James H. Cro

Sex, Male or Female,

Cross out the word not required in this line.

Age,

22

Years,

11

Months,

12

Days.

Color,

white

Sex,

male

Married, Single, ~~Widowed~~, ~~Divorced~~

Cross out the words not required in this line.

Occupation,

labour

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Balt., Md.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number.

1 Aiken St

Cause of Death,

First (Primary),

Second (Immediate),

Typhoid fever

Duration of Last Sickness,

10 days

All the above information should be furnished by the Physician.

Place of Burial,

Mount Olivet

Date of Burial,

Oct 11 1877

W. B. Billings

M. D.

Medical Attendant.

Undertaker,

J. H. Lancaster

Place of Business,

35 N. Fayette St

Address for Henry B. Billings

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 21287

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

9. October 1877

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Katy
Female

Sex, Male or Female,

{ Cross out the words not required in this line. }

Age,

Years,

Months,

Days

Color,

white

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in United States, if of foreign birth.) }

Illegitimate
life

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give street and number. }

St Vincent's Infant Asylum
Baltimore

Cause of Death,

{ First (Primary), }

{ Second (Immediate), }

Cyanosis
from birth

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Cathedral Cemetery

Date of Burial,

Oct 11. 1877

{ Undertaker,

Sam'l Bousen

{ Place of Business,

156 Division St.

Marbury Brewer

M. D.

Medical Attendant.

Address, 201 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 27282

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

October 8th

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Annie Sutton

Sex, Male or Female,

Cross out the word not required in this line.

Age,

1 Years,

1 Months,

Days.

Color,

Black

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Washington D. C.

Duration of Residence in the City of Baltimore,

2 months

Place of Death,

Give street and number.

107 Chapel St

Cause of Death,

First (Primary.)
Second (Immediate.)

Scrophula

Duration of Last Sickness,

7 months

All the above information should be furnished by the Physician.

Place of Burial,

Gallagher Cemetery

Date of Burial,

Oct 10th 1877

Undertaker,

Theodore J. Lockes

Place of Business,

56 Jefferson St

Address

137 Orleans St

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVEN.]

Permit No. 21253,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

October 9 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Anna Schmoose

Sex, ~~Male~~ or Female,

Cross out the word not required in this line.

Age,

19

Years,

8

Months,

6

Days.

Color,

White

Sex,

Female

Married, Single, ~~Widow~~ or ~~Widower~~,

Cross out the words not required in this line.

Single

Occupation,

Factory hand

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Eight years

Duration of Residence in the

~~City~~ of Baltimore,

Eight years

Place of Death,

Give street and number.

Frederick Road - beyond Buntabor St

Cause of Death,

First (Primary,)

Second (Immediate.)

Phthisis Pulmon.

Asthma

Duration of Last Sickness,

6 or 8 months probably

All the above information should be furnished by the Physician.

Place of Burial,

St Alphonsus Cemetery

Date of Burial,

Oct 11 1877

J. C. McDowell M. D.

Medical Attendant.

Undertaker,

J. B. Cook

Place of Business,

No 704 N. Baltimore street

Address

290 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

it No. 21257

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, Oct 10th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Clarence B. Maudslayi

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Years, 5 Months, 0 Days, 13

Color, { Cross out the words not required in this line. } White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, { Cross out the words not required in this line. }

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, { Cross out the words not required in this line. }

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness, { Cross out the words not required in this line. }

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, Oct 10th 1877

Undertaker, J. B. Cook

Place of Business, No 707 N. Baltimore Street

Address

M. D.

Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

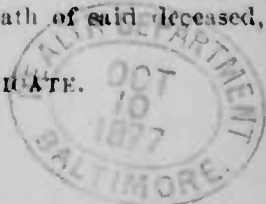
[OVER.]

Permit No. 212557

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

October 10th 1877

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Ella King

Sex, Male or Female,

{ Cross out the words not required in this line. }

Age,

16

Years,

11

Months,

23

Days

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in United States, if of foreign birth.) }

Washington D.C.

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give street and number. }

50 S Schroder

Cause of Death,

{ First (Primary,) }

Severe cold

{ Second (Immediate,) }

Pulmonary Consumption

Duration of Last Sickness,

About Six Months

All the above information should be furnished by the Physician.

Place of Burial,

Washington City D.C.

Date of Burial,

Oct 11 1877

{ Undertaker,

J. B. Cook

{ Place of Business,

707 N Balt St

Address,

53 N Paca St

Balt

M. D. Hammond M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transcript 904

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21256

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Oct 8th 1877

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Annie Gant,

Sex, ~~Male~~ or Female,

{ Cross out the words not required in this line. }

Age,

Years,

eight

Months,

Days

Color,

Colored

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

Life

Place of Death,

{ Give street and number. }

197 Pine St

Cause of Death,

{ First (Primary.)
Second (Immediate.) }

Infantile impoison

Duration of Last Sickness,

Sudden death

All the above information should be furnished by the Physician.

Place of Burial,

St. James Church

Date of Burial,

Oct 11 1877

Undertaker,

J. H. Chase

Place of Business,

197 Pine St

Geo. C. G. Co. M.D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 21257

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *Oct 9th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Josker Bladen Buloney*

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *30* Years, Months, Days.

Color, *White* Sex, *Male*

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, *None*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Washington, D.C.*

Duration of Residence in the City of Baltimore, *Two years*

Place of Death, { Give street and number. } *8070 2 Gilmore St.*

Cause of Death, { First (Primary), Second (Immediate), } *Bouble Pneumonia*

Duration of Last Sickness, *Four weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Palto Cemetery*

Date of Burial, *Oct 11th 1877*

Alant Smith M. D. Medical Attendant.

{ Undertaker, *Hughes & Co* Address

{ Place of Business, *530 Fayette St.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *October 10th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *William Thomas Rice*

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, *11* Years, *2* Months, *1* Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore*

Duration of Residence in the City of Baltimore, *Life*

Place of Death, { Give street and number. } *118 S. Fulton St*

Cause of Death, { First (Primary,) Second (Immediate,) } *Membranous Croup*

Duration of Last Sickness, *Thirty six hours*

All the above information should be furnished by the Physician.

Place of Burial, *Mound Oliver*

Date of Burial, *Oct 11th*

{ Undertaker, *Wm. Ch. Leonard & Son* Address *1101 Fayette St Baltimore* }

{ Place of Business, *782 W. Baltimore* }

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

October 10th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Major Thompson

Sex, Male or Female,

Cross out the word not required in this line.

Male

Age,

Years,

Five

Months,

Days.

Color,

Colored

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Single

Occupation,

Nothing

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore City Maryland

Duration of Residence in the City of Baltimore,

Continued

Place of Death,

Give street and number.

No 214, S. Sharp St

Cause of Death,

First (Primary.)

Tubercular meningitis et. Hydrocephalus

Second (Immediate.)

Hydrathorax

Duration of Last Sickness,

From Birth

All the above information should be furnished by the Physician

Place of Burial,

Laurel Cemetery

Date of Burial,

October 11

Undertaker,

Hercules Ross

Place of Business,

No. 180 West St

Address

No 146 Hill St
Baltimore Md

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 21260

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

October 9th 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Rosae Ball

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 22 Years,

Months,

Days.

Color, Colored

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Cook

Birthplace, { State or country (and how long in the United States if of foreign birth.) }

Virginia

Duration of Residence in the City of Baltimore,

7 years

Place of Death, { Give street and number. }

284 Middle St.
Consumption

Cause of Death, { First (Primary),
Second (Immediate), }

Duration of Last Sickness,

3 Months

All the above information should be furnished by the Physician.

Place of Burial, Green Cemetery

Date of Burial, Oct 11 1877

{ Undertaker, William H. Bishop

{ Place of Business, 47 South Street

John Pennington M. D.
Medical Attendant.

Address 98 N Green St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21261

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 10th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Laura Greene

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 14 Years, Months, Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Texas.

Duration of Residence in the City of Baltimore, Ten years

Place of Death, { Give street and number. } #119 Welcome Alley

Cause of Death, { First (Primary,) Pul - Hemorrhages
Second (Immediate,) Phtisis Pulmonalis

Duration of Last Sickness, Four Months.

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Oct 11th

{ Undertaker, J. Davis -

{ Place of Business, 103rd Light

J. A. Bell M. D.
Medical Attendant.

Address 161 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21264

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 9

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elizabeth Cecil

Sex, ~~Male~~ or Female, { Cross out the words not required in this line. }

Age, 36 Years, — Months, — Days

Color, White

Married, Single, Widowed or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, —

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Cecil Co. Md. Rochester, N. Y.

Duration of Residence in the City of Baltimore, 20 Years

Place of Death, { Give street and number. } 143 William St.

Cause of Death, { First (Primary,) Phtisis }
{ Second (Immediate,) — }

Duration of Last Sickness, 1 Year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, October 11, 1877

{ Undertaker, Charles F. Hood }

{ Place of Business, 141 Hancock St. }

Sheldon Leavitt M.D.
Medical Attendant.

Address, 146 Hancock St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 21263,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *October 10th*
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Andriah Bailey*
Sex, Male ~~Female~~, { Cross out the word not required in this line. }
Age, *45* Years, Months, Days.
Color, *White* Sex, *M*
Married, Single, ~~Widow~~ ~~Widower~~, { Cross out the words not required in this line. }
Occupation, *Porter*
Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore, Md.*
Duration of Residence in the City of Baltimore, *15 years*
Place of Death, { Give street and number. } *No. 35 State Street*
Cause of Death, { First (Primary), *Pericarditis*
Second (Immediate), *Effusion into Pericardium*
Duration of Last Sickness, *4 months*
All the above information should be furnished by the Physician.
Place of Burial, *Sharp St. Cwtry*
Date of Burial, *Oct 11 1877* M. D. *H. V. T. Jones*
Undertaker, *S. W. Chase* Medical Attendant.
Place of Business, *Howard St.* Address *No. 16 St. George*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.
21261

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21264

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

10²³ of Oct 1875

Full Name of Deceased.

Write legibly and spell correctly. If an infant not named, give names of parents.

Sex, Male or Female.

{ Cross out the word not
required in this line. }

Age,

5 ————— Years.

Color, Wh L

Months,

Days.

Married, Single, Widow or Widower, { Cross out the words not
Occupation. { required in this line.

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and
number. }

50 N. Bellarthur

Cause of Death, { *First (Primary,)*

typhoid fever
2 clamps
9

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, *St. Ann's Cemetery*
Date of Burial, *October 11th*

Date of Burial, October 11th 1877
(Undertaker, 41 " " "

Undertaker, *H M Gibbons*
Place of Business, *St. Louis*

(Place of Business, 3d Canton St.,

Address

W. J. Johnson M. D.
Medical Attendant.
24 S. 3rd St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 21268

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Oct 10th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Harriet Lucy Hester Wase

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

61

Years,

Months,

Days.

Color,

Color

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Cook Wench

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Chesler Town Md

Duration of Residence in the City of Baltimore,

10 or 12 years

Place of Death, { Give street and number. }

53 S. Stock St. Stockton Md
Dysentery

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

Three Weeks

All the above information should be furnished by the Physician.

Place of Burial,

W. Pub Cemetery

Date of Burial,

Oct 11, 1877

J. E. Britton M. D.
Medical Attendant.

Undertaker,

F. A. Kerchner

Place of Business,

20 S. Carroll St

Address 53 S. Stock St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 21266

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 3 Years, 5 Months, 1 Days.

Color, white

Sex, Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary), Second (Immediate), }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Oct 12

Undertaker, E. W. Blum

Place of Business, 201 Perdue

Address

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 21267

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, October 10, 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mrs. Mary Nelson

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 79 Years,

Months,

Days.

Color, White Sex, female

Married, Single, Widowed, { Cross out the words not required in this line. }

Occupation, Lady

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Norfolk, Va.

Duration of Residence in the City of Baltimore, 14 years

Place of Death, { Give street and number. } 96 Townsend St

Cause of Death, { First (Primary,) Old age
Second (Immediate,) Preliminary for years

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Norfolk Va

Date of Burial, Oct 11 1877

A. R. Matthews M. D.
Medical Attendant.

{ Undertaker, C. H. Blizzard

{ Place of Business, Penna Ave Address 71 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 904

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2/268

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 10th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Charles Russell Bullock

Sex, Male ~~Female~~ { Cross out the word not required in this line. }

Age, 5 Years, 8 Months, 3 Days.

Color, White Scar,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, all his life

Place of Death, { Give street and number. } 339 Columbia St.

Cause of Death, { First (Primary.) Diphtheria
Second (Immediate.) Laryngeal Complication

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County Dr. Carey Thomas M. D.

Date of Burial, October 12th 1877 Medical Attendant.

{ Undertaker, John Stacher

{ Place of Business, No 150 Camden St. Address 317 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21269

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Oct. 10th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Elizabeth D. Diering

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age,

5 Years,

7 Months,

26 Days.

Color,

White

~~Married~~ Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

Since birth.

Place of Death, { Give street and number. }

209 E. Lombard St.

Cause of Death, { First (Primary,) Second (Immediate,) }

Diphtheria

Duration of Last Sickness,

Three weeks

All the above information should be furnished by the Physician.

Place of Burial,

Heister Cemetery

Date of Burial,

Oct 12 1877

Aug. F. Erick M. D.
Medical Attendant.

{ Undertaker,

Chas. R. R. R.

{ Place of Business,

136 E. Bay St.

Address 94 S. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

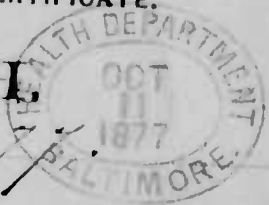
Permit No. *21270*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH



Date of Death, *October the 9th 1877*

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. *Ann Barliggs*

Sex, Male or Female, Cross out the word not required in this line. *Female*

Age, *38* Years, *4 Months* Months, *—* Days.

Color, *White* Sex, *Female*

Married, Single, Widow or Widower, Cross out the words not required in this line. *Married*

Occupation, *Housekeeper*

Birthplace, State or country (and how long in the United States, if of foreign birth.) *Ireland*

Duration of Residence in the City of Baltimore, *20 years*

Place of Death, Give street and number. *No. 283 Eastern Avenue*

Cause of Death, First (Primary), Second (Immediate), *Childbirth, Peritonitis*

Duration of Last Sickness, *3 days.*

All the above information should be furnished by the Physician.

Place of Burial, *St. Pat's Cemetery*

Date of Burial, *Oct 11th*

Undertaker, *Henry Froehlich* Address *116 Thames St.*

Place of Business, *246 Eastern Ave.*

J. M. Sullivan M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

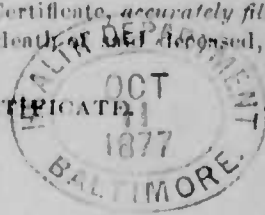
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21271

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, Oct 9th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Hester Turner

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 9 1/2 Years, Seven Months, Days.

Color, ~~red~~

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Ann Arundell Co Md

Duration of Residence in the City of Baltimore, 5 1/2 years

Place of Death, { Give street and number. } East 69

Cause of Death, { First (Primary,) Second (Immediate,) } Consumption

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, ~~Arundell county~~ E. C. Baldwin

Date of Burial, Oct 11 1877 M. D. Medical Attendant.

{ Undertaker, Wm A Dungee Address 124 N Eyster
Place of Business, No 62 East 20 }

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

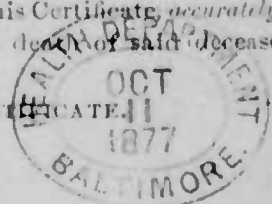
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21272

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

Oct. 11th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Wm. Miller

Sex, Male or Female, { Cross out the words not required in this line. }

Male

Age, 30 Years,

Months,

Days

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Married

Occupation,

Brickman

Birthplace, { State or country (and how long in United States, if of foreign birth.) }

Ireland

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Pratt St. near Howard

Cause of Death, { First (Primary.)
Second (Immediate.) }

Accidentally

Killed on the R.R. tracks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Mont Olivet Cemetery

Date of Burial,

Oct 13

Undertaker,

J. B. Cook

Place of Business,

107 West Baltimore

P. C. Lee M.D.

Medical Attendant.

M. W. C. C.

Address, Harmon & Barr Sts

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 21273,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 10th 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Bertha Ritchie Meager

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 6 Years, 12 Months, 6 Days.

Color, white Sex, Female

Married, Single, Widowed or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Richmond Va

Duration of Residence in the City of Baltimore, 4 yrs

Place of Death, { Give street and number. } 88. S. Poppleton

Cause of Death, { First (Primary,) Diphtheria
Second (Immediate,) }

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Oct 12

Undertaker, F. H. Cook

Place of Business, 707 West Baltimore

Address 396 W. Fayette St.

M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21274

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

October 10.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

May C. Williams

Sex, Male or Female, { Cross out the words not required in this line. }

Age, 36 Years,

Color, White

Months, 0

Days

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number. }

178 Johnson St

Cause of Death, { First (Primary.) Old age with Hypertrophy of the Heart }
{ Second (Immediate.) Dropsy }

Duration of Last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Oct 12

{ Undertaker, Johnson & Gentry }

{ Place of Business, 12263 Light St }

Woodward Clark M.D.
Medical Attendant.

Address, 146 Johnson St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 21275,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Oct 11 1877

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Mary C. Wiegman

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

Years,

4

Months,

11

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

4 - 11 days

Place of Death,

{ Give street and number. }

110 Elbow Lane

Cause of Death,

{ First (Primary,) Second (Immediate,) }

Whooping Cough.

5 p a.m.

Duration of Last Sickness,

Five weeks

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore Cemetery

Date of Burial,

October 13th 1877.

{ Undertaker

Adam Weidmeyer

{ Place of Business,

518 1/2 W. Baltimore Str.

A. L. Spicer

M. D.

Medical Attendant.

Address

379 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21276

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

October 11

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Mary C. Jackson

Sex, ~~Male~~ or Female, { Cross out the words not required in this line. }

Age, 26

Years,

7

Months,

Days

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

Five Years

Place of Death, { Give street and number. }

Cornington + Randall

Cause of Death, { First (Primary.) Second (Immediate.) }

Pneumonia

Duration of Last Sickness,

2 Years 9 Months

All the above information should be furnished by the Physician.

Place of Burial,

West Cemetery

Date of Burial,

October 13 1877

{ Undertaker,

{ Place of Business,

Address,

146 Harrison

Thos. C. Cook M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21277

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

October 10.

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Laura Marshall

Sex, ~~Male~~ or Female,

Cross out the words not required in this line.

Age,

19

Years,

Color,

White

Months,

Days

~~Married~~, Single, ~~Widow~~ or ~~Widower~~,

Cross out the words not required in this line.

Occupation,

Birthplace, (State or country (and how long in United States, if of foreign birth.)

Baltimore

Duration of Residence in the City of Baltimore,

Single birth

Place of Death, (Give street and number.)

23 Elizabeth Lane

Cause of Death,

First (Primary.)

Confinement

Second (Immediate.)

Puerperal Fever

Duration of Last Sickness,

All the above information should be furnished by the Physician.

9 days

Place of Burial,

Baltimore Cemetery

Date of Burial,

October 12th 1877

Undertaker,

Charles H. H. H.

Place of Business,

101 Hanover Street

Thermon Cook M.D.
Medical Attendant.

Address, 126 Hanover St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 21278

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *October 11th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Sally Hollis*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *38* Years, Months, Days.

Color, *white*

Married, Single, Widowed or Widower, { Cross out the words not required in this line. }

Occupation, *Domestic*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore*

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } *Union Prot Infirmary*

Cause of Death, { First (Primary,) Second (Immediate,) } *Bright's disease of kidneys dropsy*

Duration of Last Sickness, *1 year*

All the above information should be furnished by the Physician.

Place of Burial, *Western C.*

Date of Burial, *Oct 12 1877*

{ Undertaker, *J. B. Blackiston & Son*

{ Place of Business, *606 Balt St*

Chas. Sawell M. D.
Medical Attendant.

Address *92 Market St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 21279

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 27 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Elizabeth Devaughn

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 4 hours

Color, White

Sex, Female

Married, Single, Widowed, or a Member, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } N. E. Cor. S. Life Ave & Lemon Alley

Cause of Death, { First (Primary,) Primative Birth
Second (Immediate,) "

Duration of Last Sickness, 4 hours

All the above information should be furnished by the Physician.

Place of Burial, Western Cent Hos Opie

Date of Burial, Oct 28 1877

Undertaker, Fred Mamontt

Place of Business, Poppleton & Saratoga St

Address, 396 N. Fayette

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 21280,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

October 10 -

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Catherine Maria Brusca

Sex, Male or Female,

Cross out the word not required in this line.

Age,

112

Years,

Months,

29

Days.

Color,

White

Sex,

Female

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Maryland

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

87 St. Caroline St.

Cause of Death,

First (Primary),

Second (Immediate),

Dyspepsia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Has not been in attendance for 1 year

Place of Burial,

Baltimore Cemetery

Date of Burial,

12 of Oct

Dr. C. H. H. H. H.

M. D.

Medical Attendant

Undertaker,

Wm. L. L. L.

Place of Business,

Broadway

Address

Midway to Fall 1877

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

K O D A

Board of Health, City of Baltimore,

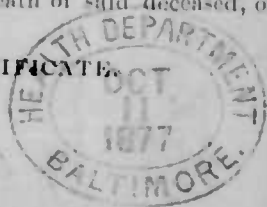
OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21281

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Oct 10th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Mary A Sanders

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 34 Years,

4

Months,

Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

married

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Balt

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

233 S Paca

Cause of Death, { First (Primary,) Second (Immediate,) }

Carcinoma Uteri

Duration of Last Sickness,

18 or on the

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Oct. 12th 77

{ Undertaker Adam Weidemeyer

{ Place of Business, 518 W. Baltimore Str.

J. T. Knight

M. D.

Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Attention of Physicians is Respectfully Invited to the Remarks Below, and to Use of Discretion in the

Board of Health, City of Baltimore,

Permit No. 121282

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Oct 10 1877

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Teresa Köcher

Sex, ~~Male~~ or Female,

{ Cross out the words not required in this line. }

Age,

7

Years,

Months,

Days

Color,

White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~,

{ Cross out the words not required in this line. }

Occupation,

Housekeeper

Birthplace,

{ State or country (and how long in United States, if of foreign birth.) }

Germany

(22 yrs in America)

Duration of Residence in the City of Baltimore,

22 yrs

Place of Death,

{ Give street and number. }

St. Joseph's Hospital

Cause of Death,

{ First (Primary), }

Old Age

{ Second (Immediate), }

Exhaustion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

St. A. Schonsus Cemetery

Date of Burial,

October 12 1877

{ Undertaker,

Henry Haeck

{ Place of Business,

319 Central Ave

Dr. J. C. Kery M. D.
Medical Attendant.

Address, 187 N. Main St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 21283,

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, Oct 10th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Harry Moore Tibbe

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 5 Years, 9 Months, 22 Days.

Color, colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore, 5 yrs 1 mo 22 days

Place of Death, { Give street and number. } 189 Enoch St

Cause of Death, { First (Primary,) Typhoid Fever
Second (Immediate,) Exhaustion

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 12th 1877

Undertaker, Wm J Gray

Place of Business, 15 Mulberry St

E. Geo Walls M. D.
Medical Attendant.

Address, 179 E Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

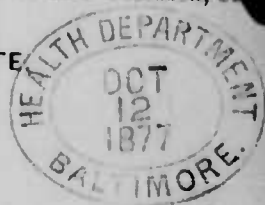
Board of Health, City of Baltimore,

Permit No. 21284

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE



CERTIFICATE OF DEATH.

Date of Death, *Oct 11 1877*

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents.

Charles Robert Curry

Sex, ~~Male~~ or ~~Female~~, Cross out the word not required in this line.

Age, *Four* Years, *one* Months, *12* Days.

Color, *White* Sex, *Male*

Married, Single, Widow or Widower, Cross out the words not required in this line. *Single*

Occupation, *C*

* Birthplace, State or country (and how long in the United States, if of foreign birth.) *Baltimore City*

* Duration of Residence in the City of Baltimore, *Since Birth*

Place of Death, Give street and number. *104 S Fulton St*

Cause of Death, First (Primary), Second (Immediate), *Dysentery*

Duration of Last Sickness, *Said to 14 dy (My attention on dy)*

All the above information should be furnished by the Physician.

Place of Burial, *Western Cemetery*

Date of Burial, *Oct 12 1877*

J. W. Correll M. D.
Medical Attendant.

{ Undertaker, *Joseph B. Cook*

{ Place of Business, *No 707 W. Balto. St*

Address *306 W. Fayette St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 21285

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *11th October 1877.*

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. *Jacob Mecher.*

Sex, Male or Female, Cross out the word not required in this line.

Age, *45 Years,*

2 Months,

22 Days.

Color, *white*

Sex, *male*

Married, Single, Widow or Widower, Cross out the words not required in this line.

Occupation, *Restaurateur*

Birthplace, State or country (and how long in the United States, if of foreign birth.) *Hohenkirchen, Kurhessen, Germany.*

Duration of Residence in the City of Baltimore, *28 years.*

Place of Death, Give street and number. *N. 4th St. Baltimore Md.*

Cause of Death, First (Primary), Second (Immediate), *Carcinoma ventriculi.*

Duration of Last Sickness, *Several years.*

All the above information should be furnished by the Physician.

Place of Burial, *Lindenpark Cemetery* *Dr. Robert L. Fisher M. D.*
Date of Burial, *Oct 13/77.*
Medical Attendant.

Undertaker, *Ch. Rosier*

Place of Business, *136 E. Fayette*

Address *42 S. Broadway*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 2128 1/2

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

CERTIFICATE OF DEATH.



Date of Death, Oct 11 77

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ann M Warden

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 53. Years, Months, Days.

Color, white

~~Married~~, Single, Widower or ~~Widow~~, { Cross out the words not required in this line. }

Occupation, —

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Ind

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number. } 73 W. Biddle st

Cause of Death, { First (Primary,) Typhoid fever
Second (Immediate,) }

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Southern Park

Date of Burial, Oct 13 1877

{ Undertaker, Jacob Werner

{ Place of Business, No 446 Druid Hill Avenue

As Lane Panayhew M.D.
Medical Attendant.

Address 129 W Biddle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 2/287

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

CERTIFICATE OF DEATH.



Date of Death, October 11th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Christopher Connelly

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 29 Years, 9 Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Laborer

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Calvary Island

Duration of Residence in the City of Baltimore, over thirty years

Place of Death, { Give street and number. } Home for the aged corner of Johnson and Valley Sts.

Cause of Death, { First (Primary,) Second (Immediate,) } Apoplexy

Duration of Last Sickness, last month

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick Cemetery

Date of Burial, October 13th

{ Undertaker, Joseph F. Byrne

{ Place of Business, 59 Liberty St

Jm. Brooke Boyle M.D.
Medical Attendant.
Address 166 E. Eager St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 21288

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *Oct 11. 1877.*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Enhart Mober*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, *45* Years, _____ Months, _____ Days.

Color, *White* Sex, *Male*

Married, ~~Single~~ *Widow* or ~~Widower~~ { Cross out the words not required in this line. }

Occupation, *Systeman*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Germany*

Duration of Residence in the City of Baltimore, *15 yrs.*

Place of Death, { Give street and number. } *237 Orleans St.*

Cause of Death, { First (Primary,) *Apoplexy of brain* }
{ Second (Immediate,) _____ }

Duration of Last Sickness, _____

All the above information should be furnished by the Physician.

Place of Burial, *E Plummer*

Date of Burial, *Oct 11*

{ Undertaker, *Charles Stupper* }
{ Place of Business, *Pratt & Charter* }

D. C. Deland M. D.
Medical Attendant.
Coronet E. Deland
Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 2 / 289,

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Oct 12th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Edith M. Broderick

Sex, Male or Female,

Cross out the word not required in this line.

Age,

5

Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Balt -

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

31 Greenmount Ave

Cause of Death,

First (Primary.)

Second (Immediate.)

Scarlet Fever

Duration of Last Sickness,

2 weeks

All the above information should be furnished by the Physician.

Place of Burial,

Greenstown

Date of Burial,

Oct 13th 1877

Undertaker,

Joseph F. Byrne

Place of Business,

59 N. E. St.

Edw. J. McCreary, M. D.
Medical Attendant.

Address 279. W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 21290

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurate, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Death, *October 11th 1877*

Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Ann + Geo W. Ray (Parents)*

Sex, Male or Female, { Cross out the words not required in this line. } *Female*

Age, *white* Years, _____ Months, *2* Days

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Single*

Place of Birth, *Baltimore City*

Duration of Residence in the City of Baltimore, *Life*

Place of Death, { Give street and number. } *3, Federal Street*

Cause of Death, { First (Primary,) *Premature Birth (7 mos)*
Second (Immediate,) *Asphyxia* }

Duration of Last Sickness, _____
All the above information should be furnished by the Physician.

Place of Burial, *Woodberry Bobb Co*

Date of Burial, *October 16th 1877*

Undertaker, *G. C. Redden* Address, *Commissioner of Health*

Place of Business, *Enson St* Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by *Charlotte Crosby*
Widwife

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 21291

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *October 12 - 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Clara Virginia Eader*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } *Female*

Age, *3* Years, *6* Months, *4* Days.

Color, *White* Sex, *Female*

~~Married, Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Maryland*

Duration of Residence in the City of Baltimore, *Five months*

Place of Death, { Give street and number. } *55 - Monroe St*

Cause of Death, { First (Primary), Second (Immediate), } *Scarlatina - Exhaustion*

Duration of Last Sickness, *About 7 days*

All the above information should be furnished by the Physician.

Place of Burial, *Western Cemetery*

Date of Burial, *Oct 13* *D. C. McDowell* M. D. Medical Attendant.

{ Undertaker, *Wm. M. Leonard & son* Address *290 Madison ave*

{ Place of Business, *782 - W. Baltimore*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 21292

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurate, out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, 11th October 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Anne Buckingham.

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 1 Years, Months, 16 Days.

Color, White Sex, m

~~Married~~ Single ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, m

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore -

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } No. 16 Sh. Pauls Sh.

Cause of Death, { First (Primary,) Marasmus. Second (Immediate,) Debility -

Duration of Last Sickness, About 3 minutes.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Place W. C. Van Bibber M. D.

Date of Burial, 12th Oct. Medical Attendant.

{ Undertaker, Jos F Byrne Address 47. Franklin Sh. Place of Business 596 Liberty St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 21293.

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of the deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents }

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years,

Months,

Days.

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick's Cemetery

Date of Burial, Oct 12th 1877

Undertaker, James D. Byrne

Place of Business, No 63 N Front St

Address

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 21294

OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

CERTIFICATE OF DEATH.



Date of Death,

October 10th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Mrs Elizabeth Steiner

Sex, ~~Male~~ Female,

Cross out the word not required in this line.

Age,

77

Years,

Eight (8)

Months,

12

Days.

Color,

White

~~Married~~ Single, ~~Widow~~ or ~~Widower~~,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Germany

Duration of Residence in the City of Baltimore,

Eight years

Place of Death,

Give street and number.

618

Longwood St.

Cause of Death,

First (Primary.)

Dysentery

Second (Immediate.)

Prostration

Duration of Last Sickness,

Two months

All the above information should be furnished by the Physician.

Place of Burial,

at Fairview Cemetery

Date of Burial,

14th Oct

Underlaker,

Hollander & Sons

Place of Business,

Address

584 W. Fayette

J. J. Linticum M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. *21295*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *Oct 10. 77*

Full Name of Deceased, *Matilda Dixon*

Sex, *Female*

Age, *26* Years, *—* Months, *—* Days.

Color, *Blk*

Married, *Single*

Occupation, *Chambermaid*

Birthplace, *Balto City*

Duration of Residence in the City of Baltimore, *Life*

Place of Death, *50 Drexel St*

Cause of Death, *Heart Disease*

Duration of Last Sickness, *Days*

All the above information should be furnished by the Physician

Place of Burial, *St. Paul's Church*

Date of Burial, *Oct 12. 77*

Undertaker, *John A. Gadsden*

Place of Business, *1002 N. E. St.*

Address *249 Ave*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 21296

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurate and true, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

CERTIFICATE OF DEATH.

Date of Death, October 10th 1877, Jeremiah Quinn
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Jeremiah Quinn
Sex, Male ~~or Female~~, { Cross out the word not required in this line. }
Age, 3 Years, 6 Months, Days.
Color, Black Sex, Male
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation,
Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balt
Duration of Residence in the City of Baltimore, always
Place of Death, { Give street and number. } 29 State St
Cause of Death, { First (Primary,) Second (Immediate,) } Siphilitic
Duration of Last Sickness, 2 Day,
All the above information should be furnished by the Physician.
Place of Burial, Laurel Cemetery
Date of Burial, Oct 12th 1877
{ Undertaker, { Place of Business, }
Address 92 N Eubank



Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 21297

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

OCT 12 1877

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

James Molloy

Sex, Male or Female,

{ Cross out the words not required in this line. }

Age,

35

Years,

Months,

Days

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Miner

Birthplace,

{ State or country (and how long in United States, if of foreign birth.) }

Ireland (3 1/2 yrs in America)

Duration of Residence in the City of Baltimore,

5 mos

Place of Death,

{ Give street and number. }

St. Joseph's Hospital

Cause of Death,

{ First (Primary), }

Dysentery

{ Second (Immediate), }

Peritonitis

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

St. Alphonsus, in York

Date of Burial,

Oct 13, 1877

Undertaker,

Henry H. Hough

Place of Business,

309 Central Ave

Address,

1884 Calver St

Geo. J. Carney M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 21298

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurate, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

October 9 1877

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Henri Joseph Green

Sex, Male ~~Female~~

Cross out the words not required in this line.

Age,

Years,

Months,

Days

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in United States, if of foreign birth.)

Baltimore City

Duration of Residence in the City of Baltimore,

Life

Place of Death,

Give street and number.

3. Hamburg St

Cause of Death,

First (Primary.)

Second (Immediate.)

Premature Birth (7 mos)
Asthenia
Life

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Sharp St Cemetery

Date of Burial,

Oct 12 1877

Undertaker,

Jacob Davis

Place of Business,

Lee St

Address,

Commissioner of Health

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Anna Scott
Midwife

[OVER.]

Permit No. 21299

OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *acc*
out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said *dece*
sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Oct 12 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Wm. Thos. Dwyer

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

68

Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Laborer

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

68 years

Place of Death, { Give street and number. }

141 Dover St.

Cause of Death, { First (Primary,) Second (Immediate,) }

Paralysis

Duration of Last Sickness,

Ten (10) Months

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore Cemetery

Date of Burial,

Oct 14 1877

{ Undertaker,

John Hatcher

{ Place of Business,

No 150 Camden

Address

379 E. Lombard St.

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. **21300**

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, according to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *October 10th 1877*
 Full Name of Deceased, *Inv. Reiss* (Write legibly and spell correctly. If an Infant not named, give names of parents.)
 Sex, Male or Female, *male* (Cross out the words not required in this line.)
 Age, *74* Years, Months, Days
 Color, *white*
 Married, Single, Widow or Widower, *married* (Cross out the words not required in this line.)
 Occupation, *laborer*
 Birthplace, *County Mayo Ireland* (State or country (and how long in United States, if of foreign birth).)
 Duration of Residence in the City of Baltimore, *27* years
 Place of Death, *Crookst. 2^d door North of Fort St.* (Give street and number.)
 Cause of Death, *Chronic Dysentery* (First (Primary).)
exhaustion (Second (Immediate).)
 Duration of Last Sickness, *3* years
 All the above information should be furnished by the Physician.
 Place of Burial, *St. Patrick's Cemetery*
 Date of Burial, *Oct. 13, 1877*
 Undertaker, *M. A. Dargy*
 Place of Business, *74 S. Broadway*
 Address, *37 N. Broadway*
 Medical Attendant, *P. G. Dausch M.D.*

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 21301

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, according to the Undertaker or other person superintending the burial, within twenty-four hours after the death of the deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

CERTIFICATE OF DEATH.



Date of Death,

October 12th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Laura Adelaide Boyd

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years,

Color,

3 Months,

Days.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore County

Duration of Residence in the City of Baltimore,

Eight months

Place of Death, { Give street and number. }

1000 Dover St. & Addison Alley

Cause of Death, { First (Primary), Second (Immediate), }

Croupous Diphtheria

Duration of Last Sickness,

Four days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Oct 13 1877

Undertaker, F. T. Hammett

Place of Business, Saratoga St

Address

M. D. Registrar

M. D. Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 21302

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurate and true, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE



CERTIFICATE OF DEATH.

Date of Death,

October 11th, 1 o'clock A.M.

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

John Marshall Winchester

Sex, Male or Female,

Cross out the word not required in this line.

Male

Age,

56

Years,

Months,

Days.

Color,

White

Sex,

Male

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Married

Occupation,

Insurance business

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore

Duration of Residence in the City of Baltimore,

Lifetime

Place of Death,

Give street and number.

307 Linden Avenue

Cause of Death,

First (Primary),

Cirrhosis of the Liver

Second (Immediate),

"

Duration of Last Sickness,

Several months

All the above information should be furnished by the Physician.

Place of Burial,

Waverly Bk. Co. Ind.

Date of Burial,

October 13th 1877

Undertaker,

John D. Weaver

Place of Business,

#22 W. Fayette St.

Jos. Lloyd Martin M. D.
Medical Attendant.

38 Mount Vernon Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No. 21303

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of *the deceased*, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

October 12th 1877

Full Name of Deceased,

Carrie E. Stanbury

Sex, Male or Female,

Female

Age,

Years,

one

Months,

23

Days.

Color,

white

Married, Single, Widowed or Widower,

Single

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

21 Byrd St

Cause of Death,

First (Primary),

Marasmus

Duration of Last Sickness,

Since birth

All the above information should be furnished by the Physician.

Place of Burial,

St. Agnes Church, Baltimore

Date of Burial,

13 October

Undertaker,

B. Harle

Place of Business,

711 Light St

J. C. Burch

M. D.

Medical Attendant.

Address

151 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 21304

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, according to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

CERTIFICATE OF DEATH.



Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Color,

Years,

Months,

Days.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

Undertaker,

Place of Business,

Address

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 21305.

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, and to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

October 12, 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Ferdinand Miller

Sex, Male or Female,

Cross out the words not required in this line.

Age,

Years,

8

Months,

51

Days

Color,

White

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in United States, if of foreign birth.)

Baltimore

Duration of Residence in the City of Baltimore,

Since Birth

Place of Death,

Give street and number.

225 Battery Ave

Cause of Death,

First (Primary.)

Diphtheria

Second (Immediate.)

Diphtheritic Croup

Duration of Last Sickness,

4 Days

All the above information should be furnished by the Physician.

Place of Burial,

Green Cemetery

Date of Burial,

October 14th

Undertaker,

J. H. Harte

Place of Business,

411 Light Street

Thomas Corb

M. D.

Medical Attendant.

Address,

146 - Calver St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No. 21306

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, and to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

October 12, 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Deitrich Weizbrod

Sex, Male or Female,

Cross out the words not required in this line.

Age,

21

Years,

8

Months,

7

Days

Color,

White

Married, Single, Widowed or Widower,

Cross out the words not required in this line.

Occupation,

Key maker

Birthplace,

State or country (and how long in United States, if of foreign birth.)

Baltimore

Duration of Residence in the City of Baltimore,

Since birth

Place of Death,

Give street and number.

116. Ledwith St

Cause of Death,

First (Primary.)

Typhoid Fever

Second (Immediate.)

Hemorrhage from the bowels

Duration of Last Sickness,

4 weeks

All the above information should be furnished by the Physician.

Place of Burial,

Landers Bih Cem

Date of Burial,

Oct 14th 1877

Spencer Cordw M.D.

Medical Attendant.

Undertaker,

Julius Kocher

Place of Business,

Overhays & Co's St

Address,

146 Hanson

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

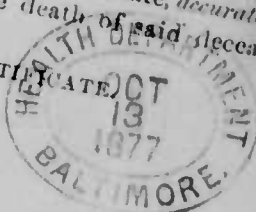
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 21307

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurate and correct, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE OF DEATH.



CERTIFICATE OF DEATH.

Date of Death, Oct 12 1877

Full Name of Deceased, Ida Lewis

Sex, Male or Female, Female

Age, 21

Color, White

Years, 2

Months, 2

Days, 2

Married, Single, Widow or Widower, Single

Occupation, None

Birthplace, Baltimore, Md.

Duration of Residence in the City of Baltimore, 15 years

Place of Death, 151 E. Baltimore St.

Cause of Death, Infammatory fever

Duration of Last Sickness, one month

Place of Burial, Stemes Run Cemetery

Date of Burial, 13 October

Undertaker, Adam Fink

Place of Business, 461 N. Gay St.

Address, Broadway

Medical Attendant, M. D.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No. **21308**

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, and out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

OCT 13 1877
BALTIMORE

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, ~~Male~~ Female, { Cross out the words not required in this line. }

Age, **1** Years,

Color, **W** 9 Months,

1 Day

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary), Second (Immediate), }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, **St. Alphonsus Cemetery**

Date of Burial, **Oct 14**

Undertaker, **H. Brule**

Place of Business, **Henrietta St 81**

R. J. N. Tall M.D.
Medical Attendant.

Address, **152 S. Sharp**

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 21309

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

OCT 13 1877
BALTIMORE

Date of Death,

October 12th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Frank Ruf Childs

Sex, Male or Female,

Cross out the word not required in this line.

Age,

3 Years,

5 Months,

Color,

White

Days.

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace, State or country (and how long in the United States, if of foreign birth)

Baltimore city

Duration of Residence in the City of Baltimore,

200 W Fayette street
brook

Place of Death, Give street and number.

Cause of Death, First (Primary), Second (Immediate),

Duration of Last Sickness,

3 days

Place of Burial, St. Alphonsus

Date of Burial, Oct 14th 1877

Undertaker, P. J. Emmert

Place of Business, Mulberry St

H. Darling

M. D.
Medical Attendant.

Address 143 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore

Permit No. 21310

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, according to the regulations of the Board of Health, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

12 October 1877

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Henry Anderson

Sex, Male or Female,

Cross out the words not required in this line.

male

Age,

1

Years,

1

Months,

Days

Color,

white

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in United States, if of foreign birth.)

Baltimore City

Duration of Residence in the City of Baltimore,

life

Place of Death,

Give street and number.

St Vincent's Infant Asylum

Cause of Death,

First (Primary.)

Tuberculosis

Second (Immediate.)

Convulsions

Duration of Last Sickness,

7 days

All the above information should be furnished by the Physician.

Place of Burial,

Cathedral Cemetery

Date of Burial,

Oct 13 1877

M. D.

Undertaker,

Sam Bowser

Medical Attendant.

Place of Business,

Institution

Address, 201 W. Middle St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

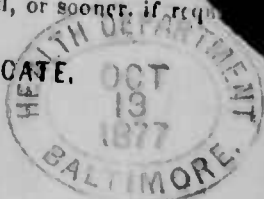
Permit No. 21311

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if required so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, Oct 12. 77

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Annie Amelia Pelet

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 18 Years, 9 Months, — Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balt Md

Duration of Residence in the City of Baltimore, 18 1/2 yrs

Place of Death, { Give street and number. } 441 W. Pratt St

Cause of Death, { First (Primary,) Typhoid Fever
Second (Immediate,) }

Duration of Last Sickness, 21 days

All the above information should be furnished by the Physician

Place of Burial, Baltimore Cemetery L. M. Eastman

Date of Burial, Oct 24 1877

Undertaker, John M. Schach

M. D. Medical Attendant.

Place of Business, No 156 Camden Address 279 Euel

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 21312

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurate, out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

CERTIFICATE OF DEATH.



Date of Death,

Oct. 12th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Mary Holgenhan

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age,

1

Years,

1

Months,

Color,

White

Sex,

Days.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

City Balto.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

All its life

Cause of Death, { First (Primary,) Second (Immediate,) }

139 Gough St.
Diphtheria

Duration of Last Sickness,

All the above information should be furnished by the Physician.

5 days

Place of Burial, M. Hoffman

Date of Burial, Oct. 14th

E. P. Bous

M. D.

Medical Attendant

Undertaker, M. Hoffman

Place of Business, 139 Gough St.

Address 406 E. Balto. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 21313

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

RECEIVED
OCT 13 1877
BALTIMORE.

CERTIFICATE OF DEATH.

Oct 12th 1877

Date of Death,

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, ~~Male~~ or Female,

{ Cross out the words not required in this line. }

Age,

Years,

Color,

Months,

Days

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death,

{ First (Primary),
Second (Immediate), }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenbush Cem

Date of Burial, Oct 14th 1877

Undertaker, Geo B. Lane

Place of Business,

Address,

Medical Attendant.

M. D.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 21314

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if required to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Oct 12th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

John H. Colburn

Sex, Male or Female,

Cross out the word not required in this line.

Age,

24

Years,

White

Months,

Days.

Color,

Married, Single, Widowed or Widower,

Cross out the words not required in this line.

Occupation,

Ap an Maker

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore

Duration of Residence in the City of Baltimore,

Life time

Place of Death,

Give street and number.

85 Warner St

Cause of Death,

First (Primary),

Rheumatism

Second (Immediate),

Summer Abscess

Duration of Last Sickness,

4 Years

All the above information should be furnished by the Physician

Place of Burial,

St Peters

Date of Burial,

Oct 13th 1877

Undertaker,

E. F. Krause

Place of Business,

207 Hanover

Address

369 W. Lombard St

A. W. Colburn

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

[OVER.]

Board of Health, City of Baltimore,

Permit No. 21315

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if required so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

October 13th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Annie Linderman

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, 26 Years,

7 Months,

Color,

White

Days.

~~Married~~ Single, ~~Widow~~ or ~~Widower~~, { Cross out the word is not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Baltimore city

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

136 Pearl street

Cause of Death, { First (Primary) Second (Immediate) }

Acute Meningitis

Duration of Last Sickness,

Six days

All the above information should be furnished by the Physician

Place of Burial, Western Cemetery

Date of Burial, Sept 15th 1877 at 2 o'clock

Undertaker, John Schutts

Henry Darling M. D. Medical Attendant.

Place of Business, 159 1/2 Mulberry St. Address 143 Mulberry street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No. 21316

OFFICE OF REGISTRAR OF VITALS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, and out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said person, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

October 13th, 1877

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Andrew Brückner

Sex, Male or Female,

Cross out the word not required in this line.

Male

Age,

43

Years,

6

Months,

4

Days.

Color,

White

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Widower

Occupation,

Brewer & cooper

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Kulmbach Bavaria.

Duration of Residence in the City of Baltimore,

10 years

Place of Death,

Give street and number.

No 1 Duane St.

Cause of Death,

First (Primary.)

Second (Immediate.)

Abscess of Lung
do & Hemorrhage
one year & half

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Calto. Cemetery

Date of Burial,

October 15, 1877

Undertaker,

J. H. Godey & Co

Place of Business,

41 Hanover St

A. S. Johnson M. D.
Medical Attendant.

Address 21 Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore
OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 21317

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said person, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

OCT 11 1877

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Infant Tubman

Sex, Male or Female,

Cross out the words not required in this line.

Age,

Years,

Months,

15 minutes

Color,

Caucasian

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace, State or country (and how long in United States, if of foreign birth.)

Balto Md

Duration of Residence in the City of Baltimore,

Lifetime

Place of Death, Give street and number.

106. S. Durham St

Cause of Death,

First (Primary),
Second (Immediate),

Unknown

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Dallas St Cemetery

Date of Burial, OCT 13 1877

Undertaker, Geo J. Jones

Place of Business,

James A. Stewart M.D.
Medical Attendant

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Alicia A. Chaplin, Midwife
57. S. Dallas St

(OVER.)

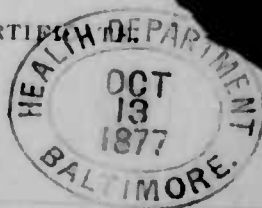
Permit No. 21318

OFFICE OF REGISTRAR OF VITALS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *Oct 12 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Mary Ann Gillund*

Sex, *Male* or Female, { Cross out the word not required in this line. }

Age, *57*

Years,

Months,

Days.

Color, *ed*

~~Married~~ *Single*, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Eastern Shore. Md.*

Duration of Residence in the City of Baltimore, *40 yrs.*

Place of Death, { Give street and number. } *No. 6 Lanes Al.*

Cause of Death, { First (Primary,) Second (Immediate,) } *Unknown - (Suffered Natural Cause)*

Duration of Last Sickness, *2 weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Laurel Cemetery* *Wm. F. Lockwood*

Date of Burial, *Oct 13 1877*

Undertaker, *John W. Locks*

Place of Business, *S. Wolf St*

Address

56 Saratoga St

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No. 21319

OFFICE OF REGISTRAR OF VITALS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said person, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

October 12th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

John Stricker

Sex, Male or Female, { Cross out the words not required in this line. }

Age,

Years,

2 Months,

/ Days

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) }

Balto City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

211 William St

Cause of Death, { First (Primary), Second (Immediate), }

Pneumonia

Duration of Last Sickness,

3 days

All the above information should be furnished by the Physician.

Place of Burial, St. Lawrence Cemetery

Date of Burial, October 15th

Undertaker, B. H. Hark

Place of Business, 411 Light Street

R. J. N. Tall M.D.
Medical Attendant.

Address, 152 S. Sharp St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

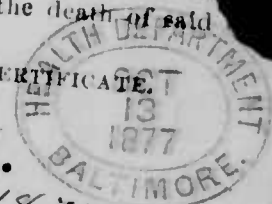
Board of Health, City of Baltimore

Permit No. 21320

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said person, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

12th Oct. 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Ernest A. Kinker

Sex, Male or Female, { Cross out the words not required in this line. }

Age, Years,

11 Months,

27 Days

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

None

Birthplace, { State or country (and how long in United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give street and number. }

62 S. Stricker St.

Cause of Death, { First (Primary), Second (Immediate), }

Marasmus

Duration of Last Sickness,

Three Months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Oct 13 1877

Undertaker, J. B. Birch

Place of Business, 10717 N. B. Baltimore Street

John Hood M.D.

Medical Attendant.

Address, No. 2 N. Carey St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 132/

OFFICE OF REGISTRAR OF VITALS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said person, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

CERTIFICATE OF DEATH.



Date of Death,

October 11th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Guiletta Patterson

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Female

Age, 0 Years,

Six Months,

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

White

Days.

Occupation,

Single

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

None

Duration of Residence in the City of Baltimore,

Baltimore

Place of Death, { Give street and number. }

Six Months

Cause of Death, { First (Primary), Second (Immediate), }

189 Preston St

Duration of Last Sickness,

unknown

All the above information should be furnished by the Physician.

Dysentery

Place of Burial, Laurel Cemetery

Two Weeks

Date of Burial, Oct 14th 1877

B. F. Bohrer

Undertaker, Wm. J. Gray

Place of Business, 65 Mulberry St

Address Cor Dolphin & Rep

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No. 21322

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, according to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, Oct. 13

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Agnes Cooper

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, 7 Years,

Color, 3 Months,

Days.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore

Duration of Residence in the City of Baltimore, from birth.

Place of Death, { Give street and number. } 158 Lyson Street

Cause of Death, { First (Primary), Second (Immediate), } Diphtheria

Duration of Last Sickness, Two weeks.

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Oct 14 1877

Undertaker, Wm J. Gray

Place of Business, 65 Mulberry St

Wm. S. Jay M. D.
Medical Attendant.
Address Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore
Permit No. 21323
OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said person, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Male or Female,

Cross out the word not required in this line.

Age,

Years,

Months,

Days.

Color,

Married, Single, Widow or Widower, Cross out the words not required in this line.

Occupation,

Birthplace, State or country (and how long in the United States, if of foreign birth.)

Duration of Residence in the City of Baltimore,

Place of Death, Give street and number.

Cause of Death, First (Primary.)
Second (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial, Oct 14 1877

Undertaker, A. Höhler

Place of Business, 244 E. Lombard St

Address

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

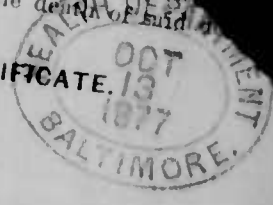
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. *21324*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, signed out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said person, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

Oct 13th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sophie A. Wack

Sex, *Male or Female*, { Cross out the word not required in this line. }

Age,

Years,

2 Months,

1 Days.

Color,

White

Sex,

Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

12th dist. Balto. Co.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

*45 Duncan Alley
Malarial Fever.
do.*

Cause of Death, { First (Primary,) Second (Immediate,) }

7 Weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, *Baltimore Cemetery*

Date of Burial, *October 14th 1877*

Infant

Undertaker, *Chas Wack*

Place of Business, *45 Duncan Al.*

Address

200 E. Pratt St.

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 21328

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, and out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said person, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

October 13, 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Mrs. Susan Mc Clintock

Sex, ~~Male~~ or Female,

Cross out the word not required in this line.

Female

Age, Sixty Two

Years,

White

Months,

Days.

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Married

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore, Md.

Duration of Residence in the City of Baltimore,

Life Time

Place of Death,

Give street and number.

No. 52 N. Broadway.

Cause of Death,

First (Primary),
Second (Immediate).

Consumption
Three Weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Greenmount Cemetery

Date of Burial,

15th of Oct. 1877

Undertaker,

Wm. H. Blendinew

M. D.

Medical Attendant.

Place of Business,

34 N. Broadway.

Address No. 102 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 21326

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, and out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said person, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH



Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

/ Years,

/ Months,

Days.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) ... Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, Oct 14 1877

Undertaker, J. B. Cook

Place of Business, 407 W. Baltimore Street

Address 582 W. Lombard St

J. B. Cook M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

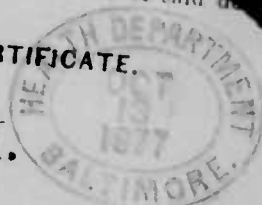
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITALS

Permit No. 21327

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, according to the undertaker or other person superintending the burial, within twenty-four hours after the death of said person, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

Oct 13 - 77

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Lizzie Muller

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 26 Years,

Color, white

Months,

Days.

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Sex,

Female

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Balt. Md

Duration of Residence in the City of Baltimore,

26 yrs

Place of Death, { Give street and number. }

15. Barnett St

Cause of Death, { First (Primary), Second (Immediate), }

Phthis Pulmonalis

Duration of Last Sickness,

3 wks

All the above information should be furnished by the Physician.

Place of Burial, Linden Park

Date of Burial, Oct 15 77

Undertaker, Stewart & Mares Address

Place of Business, 30 Park St.

Dr. Thomas M. D. Medical Attendant.

131 N Charles

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

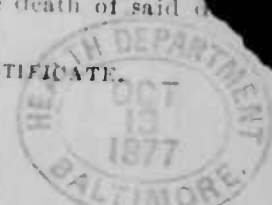
Permit No. 21328,

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, and to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said person, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, 13th Oct: 77

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } J. M. T. Stigges

Sex, Male or Female, { Cross out the words not required in this line. } male

Age, about 45 Years,

Months,

Days

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. } married

Occupation, Merchant & Farmer

Birthplace, { State or country (and how long in United States, if of foreign birth.) } St. Mary Co. Md

Duration of Residence in the City of Baltimore, six weeks

Place of Death, { Give street and number. } 88 N. Charles St

Cause of Death, { First (Primary.) Consumption
Second (Immediate,) m

Duration of Last Sickness, about 2 years

All the above information should be furnished by the Physician.

Place of Burial, Marshall's Burial Co. Md

Date of Burial, Oct 15/77

J. M. MacCallan M.D.
Medical Attendant.

{ Undertaker, J. M. MacCallan

{ Place of Business, 35 Park Ave

Address, 108 Park Ave

Baltimore

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 9052

[OVER.]

Board of Health, City of Baltimore,

Permit No. 21329

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accompanied, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 12th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Ruth Stevens

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, over 60 Years,

Color, Coloured

Months, Female

Days.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Cook

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Unknown - believed to be in Maryland

Duration of Residence in the City of Baltimore, Nearly 40 years at least

Place of Death, { Give street and number. } No 60 Richmond Street

Cause of Death, { First (Primary,) Softening of Brain
Second (Immediate,) Paralysis

Duration of Last Sickness, about four weeks

All the above information should be furnished by the Physician.

Place of Burial, Same as above

Date of Burial, Oct 14, 1877

{ Undertaker, J. H. Howard

{ Place of Business, 1163 North

J. H. Howard M. D.
Medical Attendant.

Address Huntingdon Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 21330

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accompanied, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said person, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

October 13th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents }

Sarah Boyd

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

24 Years,

Months,

Days.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Single

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Carroll County Md
6 years

Place of Death, { Give street and number. }

13 S. Stockton St

Cause of Death, { First (Primary),
Second (Immediate), }

Dysphasia Larynx

Duration of Last Sickness,

2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Michael's Church

Date of Burial, Oct 15

Undertaker, William J. Duggan

Place of Business, 10 S. Stockton St

Address 582 W. Lombard St

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 906

[OVER.]

Board of Health, City of Baltimore

Permit No. 21331

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

October 12th 1877

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Olivia Spencer

Sex, Male or Female,

{ Cross out the words not required in this line. }

Female

Age,

One Years,

Months,

Days

Color,

Caucasian

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Single

Occupation,

Birthplace,

{ State or country (and how long in United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

19 months

Place of Death,

{ Give street and number. }

159 Sarah Street

Cause of Death,

{ First (Primary), }

{ Second (Immediate), }

Pneumonia (acute)
Phthisis Pulmonalis

Duration of Last Sickness,

4 months

All the above information should be furnished by the Physician.

Place of Burial,

Marble Cemetery

Date of Burial,

Oct. 14

Undertaker,

William L. Dwyer

Place of Business,

70 St. John St.

Address,

150 St. Paul St.

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 21332

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurate, out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *Friday 12 Oct-1877*

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. *Mary Howard (Parents) & Birk Howard*

Sex, Male or Female, Cross out the word not required in this line.

Age, Years, *4* Months, Days.

Color, *Colored*

Sex,

Married, Single, Widow or Widower, Cross out the words not required in this line.

Occupation,

Birthplace, State or country (and how long in the United States, if of foreign birth.) *Baltimore*

Duration of Residence in the City of Baltimore,

Place of Death, Give street and number. *No 2 Bruce St*

Cause of Death, First (Primary,) Second (Immediate,) *Convulsion. Congestion of Brain*

Duration of Last Sickness, *8 days*

All the above information should be furnished by the Physician.

Place of Burial, *Green Cemetery*

Date of Burial, *Oct 14*

Mo R Quinn M. D.
Medical Attendant.

Undertaker, *William L. Lingle*

Place of Business, *10 Hoboken Alley*

Address *288 N. Fay.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

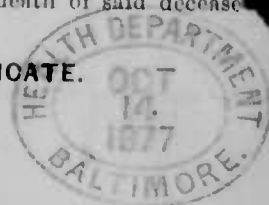
Permit No. 2/333,

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, Oct 14th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *John J. Jones*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, *25* Years, *3* Months, *3* Days.

Color, *White* Sex, *Male*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, *None*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore City*

Duration of Residence in the City of Baltimore, *25 years*

Place of Death, { Give street and number. } *Barclay St. No. 8*

Cause of Death, { First (Primary,) *Unk. disease*
Second (Immediate,) *Unk. disease*

Duration of Last Sickness, *2 weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Tr. Carmel*

Date of Burial, *Oct 15th* *J. B. Mason* M. D.
Medical Attendant.

{ Undertaker, *Dr. Schilling Corner*
Place of Business, *1111 8th St. Baltimore* Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 21331

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurate, out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Oct 13th 1877

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Maybel D Yeager

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Female

Age,

Years,

5

Months,

15

Days.

Color,

White

Sex,

Female

~~Married~~, Single, ~~Widow~~ or ~~Widower~~,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth. }

Baltimore, Md

Duration of Residence in the City of Baltimore,

Life

Place of Death,

{ Give street and number. }

80 S Poppleton

Cause of Death,

{ First (Primary), }

{ Second (Immediate), }

Diphtheria

Duration of Last Sickness,

Ten days

All the above information should be furnished by the Physician.

Place of Burial,

Linden Park Cemetery Thomas Opie

M. D.

Date of Burial,

Oct 14 1877

Undertaker,

J. B. Cook

Place of Business,

10707 W Baltimore Street

Address

396 W Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 21335

OFFICE OF REGISTRAR OF VITALS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, according to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

October, 14th 1877 230 Am.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Arthur Malden

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years,

Months,

18

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Taylor bet Stemmer Alley

Cause of Death, { First (Primary,) Second (Immediate,) }

General Debility

Duration of Last Sickness,

During life

All the above information should be furnished by the Physician

Place of Burial,

St. Vincent's Cemetery

Date of Burial,

Oct 14 1877

A. Reg. Shurber

M. D.

Medical Attendant.

{ Undertaker,

James S. Byrne

{ Place of Business,

1203 N. Front St

Address 11 S. High St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 21336

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accompanied* out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

October 14

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Friedrich Hellwig

Sex, Male or Female,

Cross out the words not required in this line.

Age,

2

Years,

6

Months,

13

Days

Color,

White

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in United States, if of foreign birth.)

Baltimore

Duration of Residence in the City of Baltimore,

Since birth

Place of Death,

Give street and number.

23 Ansted Lane

Cause of Death,

First (Primary.)

Second (Immediate.)

Diphtheria

Duration of Last Sickness,

5 days

All the above information should be furnished by the Physician.

Place of Burial,

Mount Carmel Cemetery

Date of Burial,

October 15th 1877

Herndon Scott

M. D.

Medical Attendant.

Undertaker,

Henry Sander

Place of Business,

252 Canton Ave

Address, 146. Heaton St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 21337

OFFICE OF REGISTRAR OF VITALS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurate, out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, October 13th 1877
 Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Charles C. Fisher
 Sex, Male or Female, { Cross out the word not required in this line. } Male
 Age, Two Years, — Months, — Days.
 Color, Colored Sex, Male
 Married, Single, Widow or Widower, { Cross out the words not required in this line. }
 Occupation,
 Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City
 Duration of Residence in the City of Baltimore, Two Years
 Place of Death, { Give street and number. } No 40 Mores Alley
 Cause of Death, { First (Primary), Second (Immediate), } Tubercular Meningitis
 Duration of Last Sickness, One Week
 All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery
 Date of Burial, October 15th 1877
 Undertaker, Wm. H. Smith Address 1 Edmondson St
 Place of Business, Laurel Cemetery
 Medical Attendant, H. S. Bowie M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,
OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 21338

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accompanied by the body, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

13 Oct 1877

Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry Martin

Sex, Male or Female, { Cross out the words not required in this line. }

Age, 50. Years,

Colored

Months,

Days

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore, 1072 N. E. sector st

Place of Death, { Give street and number. }

147 West Fayette st,

Cause of Death, { First (Primary,) Second (Immediate,) }

believed to be Sudden death apoplexy

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, October 15 1877

Undertaker, H. H. B. & Co.

Place of Business, 72 South Linden

Geo E Ayleworth M.D.

Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

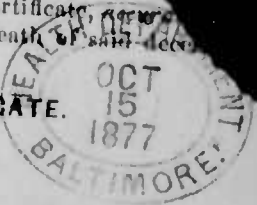
Board of Health, City of Baltimore,

Permit No. 21339

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~and~~ out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said decedent, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, Oct. 14 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Raul S. Chandler

Sex, Male or Female, { Cross out the word not required in this line. }

M

Age, About 62 Years,

Color,

W

Months,

Days.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Sex,

M

Occupation, Army Officer

Married

Birthplace, { State or country (and how long in the United States, if of foreign birth). }

Non recd. - law librarian Georgetown D.C.

Duration of Residence in the City of Baltimore,

12 years

Place of Death, { Give street and number. }

127 W Fayette St

Cause of Death, { First (Primary), Second (Immediate). }

Bright Dis of Kidneys

Duration of Last Sickness,

About two years

All the above information should be furnished by the Physician.

Place of Burial, Cemetery

Date of Burial,

Oct 17 1877

Richard M. Sherry

M. D.

Medical Attendant

Undertaker, J. W. ...

Place of Business, 35 Park Ave

Address 189 W Howard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore

Permit No. 21340

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurate, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of the deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *Oct 14 1877*

Full Name of Deceased, *Phemie Thomas (Mother)*
Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, ~~Male~~ Female, { Cross out the words not required in this line. }

Age, *2* Years, *2* Months, *2* Days

Color, *Gold*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, *None*

Birthplace, { State or country (and how long in United States, if of foreign birth.) } *Baltimore City*

Duration of Residence in the City of Baltimore, *Life*

Place of Death, { Give street and number. } *322 Hamburg St*

Cause of Death, { First (Primary.) Second (Immediate.) } *Premature Birth (7 mos) Asthenia*

Duration of Last Sickness, *Life*

All the above information should be furnished by the Physician.

Place of Burial, *Sharp St Cemetery*

Date of Burial, *Oct 15 1877*

Undertaker, *Jacob Davis*

Place of Business, *See St.*

Address, *Commissioner of Health & Registrar*

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by *Mary Barnett Cold* Midwife (OVER.)

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 21341

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said person, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Oct 15 1877

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Robert Alex Butler

Sex, Male or Female,

Cross out the words not required in this line.

Age,

Years,

Color,

Months,

Days

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.)

Balto City

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give street and number.

239 Orleans St

Cause of Death,

First (Primary),

Second (Immediate),

Convulsions

Duration of Last Sickness,

3 days

All the above information should be furnished by the Physician.

Place of Burial,

Ashbury & Co

Date of Burial,

Oct 16 1877

Undertaker,

W. M. Dungey

Place of Business,

East St

Address,

Commissioner of Health

Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by James Butler, Father of child

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 21342

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accompanied, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

OCT 13th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Annie K. Kelly

Sex, Male or Female, { Cross out the words not required in this line. }

Female

Age, Years,

74

Months,

Days

Color, Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) }

Balt. City

Duration of Residence in the City of Baltimore,

Since birth

Place of Death, { Give street and number. }

53 S. American St.,
Madras

Cause of Death, { First (Primary), Second (Immediate), }

Asthma
Since birth

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Bath Cemetery

Date of Burial, Oct 15th 1877

Undertaker, Hughes & Co

Place of Business, 65 S Broadway

Address,

G. L. Williams M.D.
Medical Attendant.

H. H. Green

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITALS

Permit No. 21343,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accident* out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of *and* *16* sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE



CERTIFICATE OF DEATH.

Date of Death,

October 13th 1877

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents.

George S. Leach

Sex, Male ~~or Female~~, Cross out the word not required in this line.

male

Age,

Years,

Eight (8)

Months,

14

Days.

Color,

White

Sex,

male

Married, Single, Widow or Widower, Cross out the words not required in this line.

Occupation,

Birthplace, State or country (and how long in the United States, if of foreign birth.)

Maryland

Duration of Residence in the City of Baltimore,

Life

Place of Death, Give street and number.

337

N. Burham St

Cause of Death, First (Primary), Second (Immediate).

Pyæmia

Spasmodic

Duration of Last Sickness,

Eight days

All the above information should be furnished by the Physician.

Int. Oliver's Unit

Place of Burial,

~~London~~ ~~St. Paul~~ ~~Unit~~

Date of Burial,

Oct 15 - 1877

John S. Lynch

M. D.

Medical Attendant.

Undertaker, John S. Rodenmayr

Place of Business, Car Summit Ave & Monument St

Address S. E. Broadway & Pratt,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITALS

Permit No. 213441

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately and so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

CERTIFICATE OF DEATH.



Date of Death, October 14th 1877

Full Name of Deceased, Margaret Egis

Sex, Male or Female, Cross out the word not required in this line.

Age, 77 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, Cross out the words not required in this line.

Occupation,

Birthplace, State or country (and how long in the United States, if of foreign birth)

Duration of Residence in the City of Baltimore, 151 N. E. 1st St.

Place of Death, 151 N. E. 1st St.

Cause of Death, First (Primary), Old Age

Duration of Last Sickness, Four Months

All the above information should be furnished by the Physician

Place of Burial, Myer's Chapel

Date of Burial, Oct 15 1877

Undertaker, H. Schallheim

Place of Business, East Monument St.

James S. Paul, M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

345
OFFICE OF REGISTRAR OF VITALS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, and to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Oct. 13th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents. *Michael Smith*

Sex, Male or Female,

Cross out the word not required in this line.

Age,

28

Years,

Months,

Days.

Color,

white

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Cigar Manufacturer
Balt. Md.

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Duration of Residence in the City of Baltimore,

Since birth

Place of Death,

Give street and number.

502 E. Fayette St.

Cause of Death,

First (Primary.)

Diarrhoea

Second (Immediate.)

Congestive chill

Duration of Last Sickness,

Ten days.

All the above information should be furnished by the Physician.

Place of Burial,

St. Mathae Cemetery
J. E. Rusk

Date of Burial,

15th Oct

M. D.

Medical Attendant.

Undertaker,

Mm = Nicolans

Address

Balt. Wash. St.

Place of Business,

258 Micanne

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 21346

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *occurrence* out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *Oct. 13th 1877* *7 30 P.M.*
 Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *George Schumaker*
 Sex, Male or Female, { Cross out the words not required in this line. } *Male*
 Age, *45* Years, _____ Months, _____ Days
 Color, *White*
 Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Married*
 Occupation, *Shoemaker*
 Birthplace, { State or country (and how long in United States, if of foreign birth.) } *Germany*
 Duration of Residence in the City of Baltimore, _____
 Place of Death, { Give street and number. } *167 Mulliken St.*
 Cause of Death, { First (Primary), Second (Immediate), } *Chronic Pneumonia*
Gangrene of Lungs
 Duration of Last Sickness, *Four (4) Months*
 All the above information should be furnished by the Physician.
 Place of Burial, *Holy Cross Cemetery*
 Date of Burial, *Oct. 15th 1877*
 Undertaker, *M. A. Dwyer*
 Place of Business, *74 S. Broadway*
 Address, *74 S. Broadway*
G. L. Williams M.D.
 Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

L

M

21347

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *ac-*
out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said de
sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Oct. 13th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

William Riley Smyth

Sex, Male or Female,

Cross out the word not required in this line.

Male

Age,

7

Years,

8

Months,

24

Days.

Color,

White

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Single

Occupation,

None

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore

Duration of Residence in the City of Baltimore,

Since birth

Place of Death,

Give street and number.

124 Chesapeake St.

Cause of Death,

First (Primary),

Second (Immediate),

Typhoid Fever

Duration of Last Sickness,

26 days

All the above information should be furnished by the Physician.

Place of Burial,

St. Patrick's Cem

Date of Burial,

Oct. 15, 1877

Undertaker,

M. A. Davis

Place of Business,

74 S. Broadway

Address

68 S. Broadway

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITALS

Permit No. 213481

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurate and true, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *Oct. 15. 1877*
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Rachel Coleman (Mother)*
Sex, Male or Female, { Cross out the word not required in this line. } *Boy*
Age, _____ Years, _____ Months, *Six* Days.
Color, *Colored*
Married, Single, Widow or Widower, { Cross out the words not required in this line. } _____
Occupation, _____
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore Md.*
Duration of Residence in the City of Baltimore, *Since Birth*
Place of Death, { Give street and number. } *No. 511 Mc Elderry St. E.*
Cause of Death, { First (Primary,) _____
Second (Immediate,) _____ } *Convulsions*
Duration of Last Sickness, _____

All the above information should be furnished by the Physician.

Place of Burial, *E. Pub Cemetery*
Date of Burial, *Oct 15 1877*
{ Undertaker, *C. Street*
Place of Business, *Pratt St* } Address *No. 102 N Broadway*
Medical Attendant, *Wm. H. Hendrickson, M. D.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No. 21349

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~as soon as possible~~ out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

October 14th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Joseph Bell

Sex, Male ~~or Female~~,

Cross out the words not required in this line.

Age,

41

Years,

Months,

Days

Color,

Cold

~~Married~~, Single, ~~Widow~~ or ~~Widower~~,

Cross out the words not required in this line.

Occupation,

Laborer

Birthplace,

(State or country (and how long in United States, if of foreign birth.)

St Mary Co Md

Duration of Residence in the City of Baltimore,

about 7 years

Place of Death,

(Give street and number.)

3. Arch St

Cause of Death,

First (Primary),

Second (Immediate),

Colds

Pleuro Pneumonia (Supposed)

Duration of Last Sickness,

2 weeks

All the above information should be furnished by the Physician.

Place of Burial,

St Paul Church

Date of Burial,

Oct 15th 1877

Undertaker,

F. A. Kerehne

Address,

Commissioner of Health

Place of Business,

30 S. Conolly

An

Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Investigation by S. M. Williams Sanitary Insp

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITALS

Permit No. 21380

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurate and true, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

October 15th 1877

Full Name of Deceased,

Kate Harmsessey

Sex, ~~Male~~ Female.

Write legibly and spell correctly. If an Infant not named, give names of parents.

Age,

30

Years,

Color,

white

Months,

Days

~~Married~~, Single, ~~Widow~~ or ~~Widower~~,

Cross out the words not required in this line.

Occupation,

Birthplace,

{ State or country (and how long in United States, if of foreign birth.) }

Ireland - 19 years

Duration of Residence in the City of Baltimore,

19 years

Place of Death,

{ Give street and number. }

Maryland St.

Cause of Death,

{ First (Primary),
Second (Immediate). }

Consumption
one month

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial,

St. Patrick's to be furnished by

Date of Burial,

Oct 16th 1877 E. F. Mithelland M.D.

Undertaker,

J. B. Leock as soon as he

Place of Business,

Balt St Address returns to City on Friday next

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 21351

OFFICE OF REGISTRAR OF VITALS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said person, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *Saturday Night Oct 13th 1877.*

Full Name of Deceased, *Albina James*

Sex, *Female*

Age,

Years,

3

Months,

Days.

Color,

Black

Sex,

Female

Married, Single, Widow or Widower, *Single*

Occupation,

Birthplace, *Baltimore City*

Duration of Residence in the City of Baltimore, *Lifetime*

Place of Death, *# 308 Dearham St*

Cause of Death, *Enterocolitis + Malnutrition*

Duration of Last Sickness, *Two Weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Laural Cemetery*

Date of Burial, *Mon. Oct. 15th 1877*

Undertaker, *Charles A. White*

Place of Business, *38 Granby St*

Wilmer Bruntow M. D.
Medical Attendant

Address *25 1/2 Greenmont Ave, City*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL

Permit No. 21352

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

October 14th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

John L. Bayer

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age,

3

Years,

1

Months,

10

Days.

Color,

White

Sex,

Male

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

132 Saratoga St

Cause of Death, { First (Primary,) Second (Immediate,) }

Diphtheritis
2 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

St Alphonsus

Date of Burial,

October 15

{ Undertaker,

J. H. Baigmann

Address

81 N. Eutaw St

{ Place of Business,

145 E Bay St

J. J. Litzer

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 21353

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, and to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

October 15th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Annie Maria Bornacker

Sex, Male or Female,

{Cross out the word not required in this line.}

Female

Age,

1

Years,

8

Months,

Days.

Color,

White

Married, Single, Widower or Widow,

{Cross out the words not required in this line.}

Single

Occupation,

Child

Birthplace,

{State or country and how long in the United States, if of foreign birth.}

Baltimore city

Duration of Residence in the City of Baltimore,

all its life

Place of Death,

{Give street and number.}

144 S. Equestrian Str

Cause of Death,

{First (Primary.)}

Catastrophe of lungs followed by cough

{Second (Immediate.)}

Chronic cough

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore Cemetery

Date of Burial,

Oct 16th 1877

Undertaker,

Henry Meyer

Place of Business,

106 N. Howard Str.

Address

16 E. Fayette St

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No. 21354

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately, out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Oct 14 1877

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

George Hessler

Sex, Male or Female,

Cross out the words not required in this line.

Age,

50

Years,

Months,

Days

Color,

W

Married, Single, Widowed or Widower,

Cross out the words not required in this line.

Occupation,

Dr. Hessler

Birthplace,

State or country (and how long in United States, if of foreign birth.)

Bayern Germany

33 yrs in Am

Duration of Residence in the City of Baltimore,

13 yrs

Place of Death,

Give street and number.

St. Agnes Hospital

Cause of Death,

First (Primary),

Diarrhea

Second (Immediate),

Exhaustion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

St. Agnes

Date of Burial,

Oct 15 1877

Undertaker,

H. Schuchter

Place of Business,

Morristown

Address,

180 N. E. St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No. 21355

OFFICE OF REGISTRAR OF VITALS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Oct. 14th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Katie Bishop

~~Sex~~ Male or Female, { Cross out the words not required in this line. }

Age,

7 Years,

8 Months,

Days

Color,

white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

During Lifetime

Place of Death, { Give street and number. }

164 S. Durham St. Balto. city

Cause of Death, {

First (Primary),

Inflammation of the bowels

Second (Immediate),

Duration of Last Sickness,

One week

All the above information should be furnished by the Physician.

Place of Burial,

Greenwood Cemetery

Date of Burial,

Oct 16th

R. W. Mansfield

M. D.

Medical Attendant.

{ Undertaker,

Ambraser, Rochester

{ Place of Business,

244 East Lombard St

Address,

117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 21356

OFFICE OF REGISTRAR OF VITALS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

CERTIFICATE OF DEATH.



Date of Death,

Oct 13th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Robt James Reed

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age,

Years,

2

Months,

Days.

Color,

Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

B. C.

Duration of Residence in the City of Baltimore,

Lifetime

Place of Death, { Give street and number. }

415 Hamburg St.

Cause of Death, { First (Primary,) Second (Immediate,) }

Inanition

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 15. 77

Undertaker, S. W. Chase

Place of Business, 198 S. Howard St.

Address

119 E. Maryland Ave.

J. H. H. M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 21357

OFFICE OF REGISTRAR OF VITALS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

October 13th

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Louisa Arms

Sex, ~~Male~~ or Female,

{ Cross out the words not required in this line. }

Age,

27

Years,

Months,

Days

Color,

Black

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,

{ Cross out the words not required in this line. }

Occupation,

washer woman

Birthplace,

{ State or country (and how long in United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

Since birth

Place of Death,

{ Give street and number. }

6

Rickards - Ch

Cause of Death,

{ First (Primary.) }

{ Second (Immediate.) }

Typhoid Fever
3 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Laurel Cemetery

Date of Burial,

Oct 15, 77

Theodore C. C. M. D.

Medical Attendant.

Undertaker,

S. W. H. H. H.

Place of Business,

190 Howard St

Address,

146 Howard

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

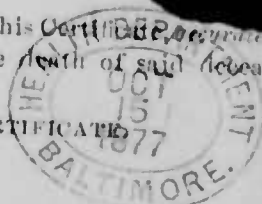
Board of Health, City of Baltimore

Permit No. 21358

OFFICE OF REGISTRAR OF VITALS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE



CERTIFICATE OF DEATH.

Date of Death,

October 15th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Robert Laddan

Sex, Male ~~Female~~

Cross out the words not required in this line.

Age,

Years,

Months, 10 Minutes Days

Color,

white

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in United States, if of foreign birth.)

Baltimore City

Duration of Residence in the City of Baltimore,

Life

Place of Death,

Give street and number.

4 Kaufman's St

Cause of Death,

First (Primary.)

Premature Birth

Second (Immediate.)

Asthenia

Duration of Last Sickness,

Life

All the above information should be furnished by the Physician.

Place of Burial,

St Patrick's

Date of Burial,

Oct 16th 1877

Undertaker,

Patrick Laddan

Place of Business,

4 Kaufman's St

Address,

Comm of Health

Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in case of births and deaths of illegitimate children.

Information by Patrick Laddan, Father of child

Board of Health, City of Baltimore

Permit No. 21359

OFFICE OF REGISTRAR OF VITALS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately, out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, Oct-13-1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Eliza Jane Jefferson

Sex, Male or Female, { Cross out the words not required in this line. }

Age, 41 Years,

Color,

Months,

Days

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Maryland

Duration of Residence in the City of Baltimore, 8 years.

Place of Death, { Give street and number. } No. 20 S. Baltimore

Cause of Death, { First (Primary,) Tubercular Consumption
Second (Immediate,) }

Duration of Last Sickness, 9 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 15 1877

Undertaker, Wm. A. Dargle

Place of Business, 62 East

Dr. L. R. R. M.D.
Medical Attendant.

Address, Broadway, 1
The A. C. S. M.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No. 21360

OFFICE OF REGISTRAR OF VITALS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *October 15th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Mary Florence Smith*

Sex, ~~Male~~ Female, { Cross out the words not required in this line. }

Age, *44* Years, *8* Months, *11* Days

Color, *White*

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, *None*

Birthplace, { State or country (and how long in United States, if of foreign birth.) } *60 East Eager*

Duration of Residence in the City of Baltimore, *all life*

Place of Death, { Give street and number. } *60 E Eager*

Cause of Death, { First (Primary,) *Scarlet fever*
Second (Immediate,) }

Duration of Last Sickness, *Seven weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Baltimore Cemetery*

Date of Burial, *October 16th 1877*

{ Undertaker, *John S. Weaver*
Place of Business, *#22 W. Fayette St.* }

Address, _____

Geo. W. Mayson M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No. 21361

OFFICE OF REGISTRAR OF VITALS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ^{accurately} out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Oct 14th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Sarah Jane Gilbert

Sex, ~~Male~~ Female,

Cross out the words not required in this line.

Age,

50

Years,

Months,

Days

Color,

Red

Married, ~~Single~~, ~~Widow~~, ~~or~~ ~~Widower~~,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in United States, if of foreign birth.)

Kent Co Md

Duration of Residence in the City of Baltimore,

20 years

Place of Death,

Give street and number.

115 N Durham St

Cause of Death,

First (Primary),

Second (Immediate),

Gen Debility

Duration of Last Sickness,

5 months

All the above information should be furnished by the Physician.

Place of Burial,

Asbury Eg

Date of Burial,

Oct 15 1877

Undertaker,

Thos Loeck

Place of Business,

Jefferson St

James A Stearns M.D.

Address, Commis of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information obtained from Anna King
her daughter

Permit No. 21362

OFFICE OF REGISTRAR OF VITALS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said person, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 4 Years, 11 Months, Days.

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

{ Undertaker,

{ Place of Business,

Address

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No. **21363**

OFFICE OF REGISTRAR OF VITALS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *1* Years,

Color, *colored* Months, *1* Days.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary.) Second (Immediate.) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, *Convil cemetery*

Date of Burial, *Oct 16th 1877*

Undertaker, *John W. Lacks*

Place of Business, *59 S. Wolfe st*

R. M. Hall M. D.
Medical Attendant.

Address *262 S. Sharp st*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased and the cause and date of death, except in cases of births and deaths of illegitimate children.

[ov

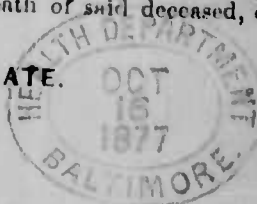
Board of Health, City of Baltimore

Permit No. 21364

OFFICE OF REGISTRAR OF VITALS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *acknowledged* out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *October 15th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *James Southall Cordell*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, *3* Years, *4* Months, *6* Days.

Color, *White* Sex, *Male*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore - Md*

Duration of Residence in the City of Baltimore, *Lifetime*

Place of Death, { Give street and number. } *125 N. Charles St.*

Cause of Death, { First (Primary), Second (Immediate), } *Membranous Croup*

Duration of Last Sickness, *Four Days*

All the above information should be furnished by the Physician.

Place of Burial, *Charles Town W. Va*

Date of Burial, *17 Oct. 1877* *W. T. Howard* M. D. Medical Attendant.

{ Undertaker, *W. Jenkins & Son*

{ Place of Business, *16 Light St.* Address *181 Mad. St.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transcript 907

[OVER.]

Board of Health, City of Baltimore

Permit No. 21365

OFFICE OF REGISTRAR OF VITALS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *delivered out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *Nov 16 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *William O'Connell*

Sex, Male or Female, { Cross out the word not required in this line. } *M*

Age, Years, *14* Months, Days.

Color, *W* Sex, *M*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *—*

Occupation, *—*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore*

Duration of Residence in the City of Baltimore, *—*

Place of Death, { Give street and number. } *324 N Howard*

Cause of Death, { First (Primary) } { Second (Immediate) } *Whooping Cough - Tubercular Meningitis*
Hydrocephalus - Spasms

Duration of Last Sickness, *Six months*

All the above information should be furnished by the Physician.

Place of Burial, *Louisa Park*

Date of Burial, *Oct 17th 1877*

Richard M. Sherry M. D.
Medical Attendant.

{ Undertaker, *Stewart & Wm.*

{ Place of Business, *35 Park Ave.*

Address *189 N Howard St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITALS

Permit No. 2136

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *in writing*, out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Oct 14th 1877

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Hy. Hickman

Sex, Male or Female,

{ Cross out the words not required in this line. }

Age,

Eighty five

Years,

Months,

Days

Color,

White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,

{ Cross out the words not required in this line. }

Occupation,

None

Birthplace,

{ State or country (and how long in United States, if of foreign birth.) }

Baltimore County

Duration of Residence in the City of Baltimore,

Sixty years

Place of Death,

{ Give street and number. }

79 North Enoch Street

Cause of Death,

{ First (Primary), }

Paralysis Agitans.

{ Second (Immediate), }

Brain softening of the Medulla oblongata.

Duration of Last Sickness,

About two weeks

All the above information should be furnished by the Physician.

Place of Burial,

Mount Olivet

Date of Burial,

Tuesday Oct. 16th

{ Undertaker,

Mrs. H. Hickman

{ Place of Business,

234 N. Gay St.

Wilton A. Taylor

M. D.

Medical Attendant.

Address,

Grandway & Co. Enoch St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 21367

OFFICE OF REGISTRAR OF VITALS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of the person, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, 16th October 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Anna Banubash.

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, 47 Years, Months, Days.

Color, white

~~Married~~, Single, Widow or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Throavia, Austria

Duration of Residence in the City of Baltimore, 3 1/2 years.

Place of Death, { Give street and number. } S. Bond Street 324.

Cause of Death, { First (Primary,) } Hydropericardium
{ Second (Immediate,) }

Duration of Last Sickness, 7 months.

All the above information should be furnished by the Physician

Place of Burial, St. Adolphus Cemetery

Date of Burial, October 17th 1877.

{ Undertaker, Leonard Perry

{ Place of Business, S. Bond St. 227

William Lenz M. D.
Medical Attendant.

Address S. W. 117.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No. 21368

OFFICE OF REGISTRAR OF VITALS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *October 14th*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Jno Henry Ross*

Sex, *Male* or ~~Female~~, { Cross out the words not required in this line. }

Age, *Thirteen* Years, *Months*, *Days*

Color, *Black*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) } *Baltimore City*

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } *9 Clarkson's Alley*

Cause of Death, { First (Primary), Second (Immediate), } *Whooping Cough*
Convulsions

Duration of Last Sickness, *Three Months*

All the above information should be furnished by the Physician.

Place of Burial, *Lacord Cemetery*

Date of Burial, *Oct 16th 1877*

Julius Hall M. D.
Medical Attendant.

Undertaker, Hercules Ross

Place of Business, West St

Address, *Southern Dispensary*
45 Conway St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITALS

Permit No. *21369*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *15th October 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Jessie Brady*

Sex, Male or Female, { Cross out the words not required in this line. } *Female*

Age, _____ Years, *1* Months, _____ Days

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in United States, if of foreign birth.) } *Baltimore City*

Duration of Residence in the City of Baltimore, *Home 14 days*

Place of Death, { Give street and number. } *St. Vincent's Infant Asylum*

Cause of Death, { First (Primary.) } *Convulsion*
 { Second (Immediate,) } *half an hour*

Duration of Last Sickness, _____

All the above information should be furnished by the Physician.

Place of Burial, *Cathedral City*

Date of Burial, *Oct 16 1877* *Marbury Brewer* M. D.
 Medical Attendant.

{ Undertaker, *Sam Bowser* Address, *201 W. Biddle St.*

{ Place of Business, *Institution*

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No. 21370

OFFICE OF REGISTRAR OF VITALS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accompanied by the body, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, October 16 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents } Walter Liebig

Sex, Male or Female { Cross out the word not required in this line. }

Age, Nine

Years,

Months,

Days.

Color, White

Married, Single, ~~Widow~~ or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Balto Md

Duration of Residence in the City of Baltimore, Five Years

Place of Death, { Give street and number } Fulton st near Fayette

Cause of Death, { First (Primary,) Malarial Fever
Second (Immediate,) Metastasis to heart & lungs from suppressed Cholera

Duration of Last Sickness, 18 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, 17th Oct 1877

Undertaker, Wm Jenkins & Son

Place of Business, 10 Light St

Address

97th Charles St

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 21371

OFFICE OF REGISTRAR OF VITALS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said person, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

15 Oct. 1877

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Eliz. Sedonia Jones

Sex, Male or Female,

Cross out the word not required in this line.

Age,

1 Years,

11

Months,

Days.

Color,

W. pr.

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Balt. City
life

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

10 1/2 Chesnut alley

Cause of Death,

First (Primary).

Second (Immediate).

Phthisis
Anthrax
Suicid

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Lanier cemetery

Date of Burial,

October 16 1877

Undertaker,

Wm. James Gray

Place of Business,

63 Mulberry St

Address

201 N. Madale St

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITALS

Permit No. **21872**

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~presented~~ *presented* ~~out~~, to the undertaker or other person superintending the burial, within *twenty-four* hours after the death of ~~the deceased~~, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

October 15th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Mary Sherbert

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age,

4

Years,

1

Months,

9 Days.

Color,

White

Sex,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

14 years 1 mo 9 days

Place of Death, { Give street and number. }

Register No 28 52

Cause of Death, { First (Primary,) Second (Immediate,) }

Typhoid

Duration of Last Sickness,

Dropsy

All the above information should be furnished by the Physician.

Martin. Geh

Place of Burial, *1st E. St. Paul*

Date of Burial, *Oct 16th 1877*

M. D.

Medical Attendant.

{ Undertaker, *H. Franklin*

{ Place of Business, *246 Eastern St*

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 21373

OFFICE OF REGISTRAR OF VITALS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, sooner, if requested so to do under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

Oct 16th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Lena Victoria Reinhold

Sex, Male or Female, { Cross out the words not required in this line. }

Female

Age, 2 Years,

2 Months,

Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) }

Bapt. City

Duration of Residence in the City of Baltimore,

Since Bapt

Place of Death, { Give street and number. }

11 W. Durham St.

Cause of Death, { First (Primary), Second (Immediate), }

Pneumonia

Duration of Last Sickness,

Convulsions

All the above information should be furnished by the Physician.

Place of Burial, 1st E. St. Paul Burial

Date of Burial, Oct 17th 1877

A. L. Pittman M.D.
Medical Attendant.

Undertaker, H. C. Backlund

Place of Business, 246 Eastern Av

Address, 11 W. Durham St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 21374

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

October 15th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Mrs. Fischer

Sex, Male or Female,

Cross out the word not required in this line.

Age,

30

Years,

One

Months,

Thirteen

Days.

Color,

White

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore

Duration of Residence in the City of Baltimore,

Since birth

Place of Death,

Give street and number.

205 W. Pratt

Cause of Death,

First (Primary.)

Second (Immediate.)

Diphtheria

Duration of Last Sickness,

Ten days

All the above information should be furnished by the Physician.

Place of Burial,

Alphonsus Cemetery

Date of Burial,

17th of Oct.

Undertaker,

R. Kimmel

Place of Business,

317 Mulberry St.

Address

384 W. Fayette St.

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

3757
OFFICE OF REGISTRAR OF VITALS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of the deceased, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

CERTIFICATE OF DEATH.



Date of Death,

October 15th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

John Cross

Sex, Male or Female,

Cross out the word not required in this line.

Age,

40.

Years,

11

Months,

16

Days.

Color,

White

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Paperhanger
Pravaria

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

No 1. Stockton St.

Cause of Death,

First (Primary.)

Second (Immediate.)

Chronic Bronchitis

Duration of Last Sickness,

3 Years.

All the above information should be furnished by the Physician.

Place of Burial,

Western Cemetery

Date of Burial,

Oct 17th 1877

Undertaker,

J B Cook

Place of Business,

No 707 1/2 Baltimore Street

Louis C. Brown

M. D.

Medical Attendant.

Address

226 Mulberry

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 21376

OFFICE OF REGISTRAR OF VITALS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

CERTIFICATE OF DEATH.



Date of Death, *Oct 16th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *John Hook*

Sex, Male or Female, { Cross out the word not required in this line. } *male*

Age, *44* Years, Months, Days.

Color, *White* Sex, *male*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Married*

Occupation, *Literary*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Balto*

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } *125 N Eutaw St*

Cause of Death, { First (Primary), Second (Immediate), } *Cerebral Abscess*
Inflammation of the Brain

Duration of Last Sickness, *About Two years*

All the above information should be furnished by the Physician.

Place of Burial, *Baltimore Gen*

Date of Burial, *Oct 18th 1877*

Undertaker, *Chas T Scribn* Address *152 Madison St*

Place of Business, *271 N Eutaw St*

W D Voth M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 21377

OFFICE OF REGISTRAR OF VITALS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *delivered* out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of *said deceased*, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *October 15, 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Sarah Simpson*

Sex, *Male* ~~Female~~, { Cross out the words not required in this line. }

Age, *79* Years, *6* Months, Days

Color, *White*

Married, Single, Widow or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) } *Alexandria Va.*

Duration of Residence in the City of Baltimore, *about 30 years.*

Place of Death, { Give street and number. } *11 N. Guilmore St.*

Cause of Death, { First (Primary), Second (Immediate), } *Diantheria*
Chronic Diantheria.

Duration of Last Sickness, *2 months.*

All the above information should be furnished by the Physician.

Place of Burial, *Western Cem.*

Date of Burial, *Oct 17th 1877*

{ Undertaker, *Chas. T. Scriven*

{ Place of Business, *271 N. Eutar St.*

M. D. Hammel M. D.
Medical Attendant.

Address, *53 N. Paca St.*

Belt

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 21378

OFFICE OF REGISTRAR OF VITALS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, and to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *October 15*,
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *John Franklin*
Sex, Male or ~~Female~~, { Cross out the word not required in this line. }
Age, *2* Years, *3* Months, *—* Days.
Color, *White*
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation,
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore*
Duration of Residence in the City of Baltimore, *Seven Months*
Place of Death, { Give street and number. } *712 - Light St*
Cause of Death, { First (Primary,) Second (Immediate,) } *Diphtheria*
Duration of Last Sickness, *14 days*
All the above information should be furnished by the Physician.
Place of Burial, *Mount Carmel Cemetery*
Date of Burial, *October 17th 1877*
{ Undertaker, *Charles H. H. H. H.* } Address *146 - Hudson St*
{ Place of Business, *16 - Hammer St* }
Thos. C. Brodie M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 21379

OFFICE OF REGISTRAR OF VITALS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *Oct 15th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *William H. Taylor*

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *45* Years, _____ Months, _____ Days.

Color, *White* Sex, *Male*

Married, ~~Single~~, ~~Widow~~, ~~or~~ ~~Widower~~, { Cross out the words not required in this line. } *Married*

Occupation, *Clerk*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Balt. City*

Duration of Residence in the City of Baltimore, *Since birth*

Place of Death, { Give street and number. } *44 Myrtle Avenue*

Cause of Death, { First (Primary), Second (Immediate). } *Consumption*
Pulmonary Haemorrhage

Duration of Last Sickness, *But a few minutes*

All the above information should be furnished by the Physician.

Place of Burial, *London Park Co.*

Date of Burial, *Oct 18th 1877* *Shea* *Baltimore* M. D.
Medical Attendant.

{ Undertaker, Place of Business, } *Blackiston & Son* Address *150 Indiana St.*
W. Balt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No. 21380

OFFICE OF REGISTRAR OF VITALS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *October 16, 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Luther Rice Simpson*

Sex, Male or Female, { Cross out the words not required in this line. } *Male*

Age, *8* Years, *11* Months, Days

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Single*

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) } *Baltimore*

Duration of Residence in the City of Baltimore, *Always lived in Baltimore*

Place of Death, { Give street and number. } *148 Pine St*

Cause of Death, { First (Primary,) Second (Immediate,) } *Consumption*

Duration of Last Sickness, *One year*

All the above information should be furnished by the Physician.

Place of Burial, *Mt. Olivet Cemetery*

Date of Burial, *Oct 17th*

Undertaker, *J. N. Trol*

Place of Business, *131 Stanover St.*

Address, *53 N. Paca St*

Balt

Medical Attendant, *M. Hammond* M.D.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 21381

OFFICE OF REGISTRAR OF VITALS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *October 16th 1877*
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Mrs. Annie Brooks*
~~Sex, Male or Female,~~ { Cross out the word not required in this line. }
Age, *56* — Years, — Months, — Days.
Color, *Black*

~~Married, Single, Widow or Widower,~~ { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore, *Life*

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness, *About 9 mos.*

All the above information should be furnished by the Physician

Place of Burial, *Sharp Street Cemetery*

Date of Burial, *Oct 17 1877*

{ Undertaker, *William Adeney*

{ Place of Business, *No 10 Stockdon Alley*

A. H. Mifflin M. D.
Medical Attendant.

Address *No. 427 N. Fayette.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

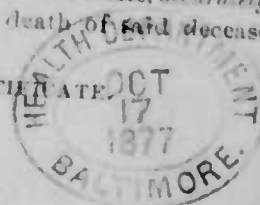
Permit No. 21382

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, Oct 16th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Louisa T. Thinner

Sex, Male or Female, { Cross out the words not required in this line. }

Age, 22 Years,

Months,

Days

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Baltimore

Duration of Residence in the City of Baltimore, 22 years.

Place of Death, { Give street and number. } No. 329 E. Pratt St.

Cause of Death, { First (Primary,) Typho Malaria Fever
Second (Immediate,) Eczema

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Oct 18th 1877

Undertaker, Hughes & Co

Place of Business, 65 S Broadway

Wm. L. Russell M.D.
Medical Attendant.

Address, Broadway &

Madison St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 2/383

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

October 16th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Rena Lammie

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 5 Years, 6 Months, Days.

Color, white Sex, female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cor Franklin & Fulton Street.
Diphtheria

Cause of Death, { First (Primary),
Second (Immediate), }

Duration of Last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, London Park cemetery
Date of Burial, Oct 17th 1877
M. D.
Medical Attendant.

{ Undertaker, J. B. Gork
Place of Business, 407 N. Baltimore Street
Address, Carroll P. O.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

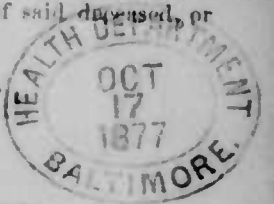
Board of Health, City of Baltimore,

Permit No. 2384

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, ~~October 16th~~ October 16th 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Ella Virginia Reed

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, Seven Years, Two Months, Twenty Days.

Color, White Sex, Female

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Two years, two months, twenty days

Place of Death, { Give street and number. } # 55 N. Mount St.

Cause of Death, { First (Primary,) } Diphtheria
{ Second (Immediate,) }

Duration of Last Sickness, I think she had been sick about one week I pronounced for her fifteen hours before death

Place of Burial, Linden Park cemetery

Date of Burial, Oct 17th 1877

J. G. Smith M. D.
Medical Attendant.

{ Undertaker, J. B. Cook

{ Place of Business, 1107 N. Baltimore Street

Address # 584 N. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 21385

OFFICE OF REGISTRAR OF VITALS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *Oct 16 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Victor Brown*

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *5* Years, Months, Days.

Color, *W*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Balt Md*

Duration of Residence in the City of Baltimore, *5 yrs*

Place of Death, { Give street and number. } *N 32 Pleasant St Balt*

Cause of Death, { First (Primary), Second (Immediate), } *Diphtheria*

Duration of Last Sickness, *ten days*

All the above information should be furnished by the Physician.

Place of Burial, *Green Mount Cemetery*

Date of Burial, *October 17 1877*

J. H. Jackson M. D.
Medical Attendant.

{ Undertaker, *Jacob Weaver*

{ Place of Business, *Nos 486 Druid Hill Ave* Address *23 Franklin*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 21386

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, and to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

October 16

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Clara Somers

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

6 ~~Years~~

Years,

—

6 Months,

—

3 Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Washington

Duration of Residence in the City of Baltimore,

1 Year

Place of Death, { Give street and number. }

181 - Lu St

Cause of Death, { First (Primary.) Second (Immediate.) }

Diff. there is

Duration of Last Sickness,

3 Days

All the above information should be furnished by the Physician.

Place of Burial,

Washington

Date of Burial,

Oct 18

Undertaker,

H. B. Smith

Place of Business,

100 - N. 1st St

Sheldon Corbett M.D.
Medical Attendant.

Address 146 - H. Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

1117

Transit 908

[OVER.]

Board of Health

City of Baltimore
OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 21387

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 11 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles E. Smith

Sex, Male ~~Female~~ { Cross out the words not required in this line. }

Age, _____ Years, 4 Months, _____ Days

Color, Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in United States, if of foreign birth.) }

Baltimore City

Duration of Residence in the City of Baltimore, _____

Place of Death, { Give street and number. }

2 Eatow Court

Cause of Death, { First (Primary.) }

Thrush
Inanition

Duration of Last Sickness, _____

All the above information should be furnished by the Physician.

Place of Burial, N. Pub. Cem.

Date of Burial, Oct 12 1877

Undertaker, F. A. Kerchner

Address, Comm. of Health
Registrar

Place of Business, 50 S. Conwell Ave

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Capt. S. Lepson, Western Police Station [OVER.]

Board of Health, City of Baltimore,

Permit No. 21388

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 16th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Laura Kate Hobson

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 15 Years, Months, Days.

Color, White Sex, Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, School Girl

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, 1 1/2 Years

Place of Death, { Give street and number. } 49 McClellan St

Cause of Death, { First (Primary,) Pulmonary Consumption
Second (Immediate,) }
Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, London Park J. H. Gackins M. D.
Date of Burial, Oct 19 Medical Attendant.

{ Undertaker, C. H. Bizzard Address 221 Carrollton Ave
{ Place of Business, 201 Pen Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 21389

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

Oct 16th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Zoe Emily Armstrong

Sex, Male or Female,

Cross out the word not required in this line.

Age,

11 Years,

Months,

Days.

Color,

White

Sex,

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

None

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Balto, Md

Duration of Residence in the City of Baltimore,

All of her life.

Place of Death,

Give street and number.

St Vincent's Hospital, Balto.

Cause of Death,

First (Primary)

Second (Immediate)

Cerebral Hemorrhage.

Duration of Last Sickness,

Several Days.

All the above information should be furnished by the Physician.

Place of Burial,

Old Cathedral Cemetery

Date of Burial,

18th Oct. 1877

Undertaker,

J. W. Deuker, Son

Place of Business,

16 Light St

Address

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 21390

OFFICE OF REGISTRAR OF VITALS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~out~~, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Oct. 15th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Owen J. Roney

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years,

11

Months,

19

Days.

Color,

Sex,

Married, Single, Widowed, Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

76 Division

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

76 Division

Cause of Death, { First (Primary,) Second (Immediate,) }

Moloid -
Intoxication
4 hours -

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

St. Peter's

Date of Burial,

17th Oct

{ Undertaker,

J. J. Holmes

{ Place of Business,

262 Penna

Address

1837 1/2 St

W. H. Arm

M. D.

Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No. 21391

OFFICE OF REGISTRAR OF VITALS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said person, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Oct. 16th, 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

William Miller

Sex, Male or Female, { Cross out the words not required in this line. }

male

Age, 4 Years, 9 Months, 17 Days

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) }

Baltimore City

Duration of Residence in the City of Baltimore,

since born

Place of Death, { Give street and number. }

233 E. Chas. St.

Cause of Death, { First (Primary,) Second (Immediate,) }

Scarlatina maligna

Duration of Last Sickness,

3 Days

All the above information should be furnished by the Physician.

Place of Burial, Alphonsus Cemetery

Date of Burial, 18th October

Undertaker, Adam Fink

Place of Business, 46 North Gay St.

J. E. Dausch, M. D.
Medical Attendant.

Address, 27 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 21392

OFFICE OF REGISTRAR OF VITALS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

October 16th 1877

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Katherine Cahill

Sex, Male or Female,

{ Cross out the words not required in this line. }

female

Age,

76 ~~80~~ Years,

Months,

Days

Color,

white

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

widow

Occupation,

none

Birthplace,

{ State or country (and how long in United States, if of foreign birth.) }

Ireland

Duration of Residence in the City of Baltimore,

16 years

Place of Death,

{ Give street and number. }

Hullsh n^o Railroad

Cause of Death,

{ First (Primary.) }

{ Second (Immediate.) }

Old age

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Holy Sepulchre

Date of Burial,

Oct. 17, 1877

{ Undertaker,

M. A. Dwyer

{ Place of Business,

74 S. Broadway

J. L. Dausch M. D.
Medical Attendant.

Address, 27 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

City of Baltimore,

Permit No. 21393,

OFFICE OF REGISTRAR OF VITALS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, and out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *October 16th 1887*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *William T. S. S. S.*

Sex, Male or Female, { Cross out the word not required in this line. } *Female*

Age, *21* Years, *11* Months, *10* Days.

Color, *White* Sex, *Female*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Single*

Occupation, *Teacher*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *W. T. S. S. S.*

Duration of Residence in the City of Baltimore, *Twenty years*

Place of Death, { Give street and number. } *No. 428 - S. E. S. S. S.*

Cause of Death, { First (Primary), Second (Immediate). } *Exhaustion*

Duration of Last Sickness, *Eight weeks*

All the above information should be furnished by the Physician.

Place of Burial, *W. T. S. S. S.*

Date of Burial, *Oct 18th 1887*

{ Undertaker, *John W. Locks*

{ Place of Business, *65 S. W. S. S. S.*

Address *116 E. Fayette St.*

W. T. S. S. S. M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITALS

Permit No. 21394

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, and out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, Oct 17. 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Margaret Rogers

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 3 Years, 4 Months, Days.

Color, White

Sex,

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore city

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 3rd Dover St

Cause of Death, { First (Primary,) Second (Immediate,) } Bronchial Pneumonia

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, St Patrick's cemetery

Date of Burial, Oct 18 1877

Undertaker, J B Cook

Place of Business, 16707 N. Baltimore street

Address

Cor Hollins & Mount St Baltimore

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 21395

OFFICE OF REGISTRAR OF VITALS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate out to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of a person, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

October 17th 1877

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Melina V. Cobb

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Female

Age,

36 Years,

Months,

23 Days.

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,

{ Cross out the words not required in this line. }

Occupation, None

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Fredrick City Md

Duration of Residence in the City of Baltimore,

Twenty four years

Place of Death,

{ Give street and number. }

18 Vincent Alley near Ramsey St

Cause of Death,

{ First (Primary), }

Typhoid fever

{ Second (Immediate), }

Duration of Last Sickness,

Four weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Oct 18th 1877

Undertaker, A. B. Cobb

Place of Business, 107 N. Baltimore

Street

Address

Wm. Fayella & Co. Baltimore

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 21396

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accompanied by the body, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

OCT 18 1877
BALTIMORE

Date of Death,

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female,

{ Cross out the words not required in this line. }

Age,

Forty eight

Years,

Two

Months,

None

Days

Color,

White

Married, Single, Widowed or Widower,

{ Cross out the words not required in this line. }

Occupation,

Housekeeper

Birthplace, { State or country (and how long in United States, if of foreign birth.) }

Bavaria - Europe

Duration of Residence in the City of Baltimore,

Twenty five years

Place of Death, { Give street and number. }

No 6 New St.

Cause of Death, { First (Primary), }

{ Second (Immediate), }

Chronic Bronchitis
about eighteen years

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Algonquin Cemetery

Date of Burial,

Oct 19 1877

{ Undertaker,

Peter Kimmert

{ Place of Business,

311 Baltimore St.

Address,

Wm. M. M. M. M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

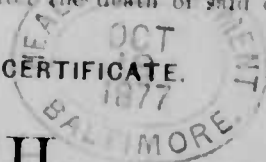
Board of Health, City of Baltimore,

Permit No. 21997

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *October 17th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *John Merrill*

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, *65* Years, Months, Days.

Color, *Light Brown* Sex, *Male*

Married, ~~Single, Widowed, Widower~~, { Cross out the words not required in this line. }

Occupation, *Farmer*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *New Town, Ind.*

Duration of Residence in the City of Baltimore, *About 6 years*

Place of Death, { Give street and number. } *74 York St.*

Cause of Death, { First (Primary,) *Pneumonia.*
Second (Immediate,) *Asthenia.*

Duration of Last Sickness, *About a year*

All the above information should be furnished by the Physician.

Place of Burial, *Pewtown Md*

Date of Burial, *Oct 20 1877*

Undertaker, *J. P. Chase* Address *261 Madison St.*

Place of Business, *188 Howard St.*

M. D. *John Huston*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 909

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases

Board of Health, City of Baltimore

Permit No. *21398*

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Octo., 17th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Alfred J. Underwood

Sex, Male or Female, { Cross out the words not required in this line. }

Male

Age, *15* Years,

11 Months,

19 Days

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) }

Balto City

Duration of Residence in the City of Baltimore,

Since birth

Place of Death, { Give street and number. }

143

*Johnson St,
Accidentally*

Cause of Death, { First (Primary.)
Second (Immediate.) }

Shot

Duration of Last Sickness,

4 hours

All the above information should be furnished by the Physician.

Place of Burial, *Green Hill*

Date of Burial, *Oct 18th 77*

Undertaker, *Anderson & Denny*

Place of Business, *No 263 Light St*

N. W. C.

Address *Harmon & Barn*

R. C. Lee M.

Medical Attendant.

Barman S. D.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER

Permit No. 21399

OFFICE OF REGISTRAR OF VITALS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said person, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, 50 Years,

Color, White

Married, ~~Single~~, ~~Widow~~, ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,)

Duration of Last Sickness, Not well about 2 years, very sick 2 days,

Place of Burial, London Park Cemetery

Date of Burial, Oct 19th 1877

Undertaker, C. Wiegand

Place of Business, 53 Fluid Hill Ave

Address

77 George St,

M. D.

Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

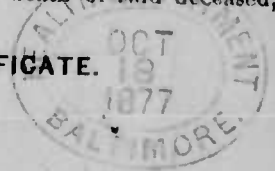
Board of Health, City of Baltimore,

Permit No. 21400

OFFICE OF REGISTRAR OF VITALS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *October 17th / 77*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *John Blackston*

Sex, Male or Female, { Cross out the word not required in this line. } *male*

Age, *40* Years, Months, Days.

Color, *Colored*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *don't know*

Occupation, *Convict*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *don't know*

Duration of Residence in the City of Baltimore, *one year & five months*

Place of Death, { Give street and number. } *Maryland Penitentiary*

Cause of Death, { First (Primary,) Second (Immediate,) } *Consumption*

Duration of Last Sickness, *3 months*

All the above information should be furnished by the Physician.

Place of Burial, *E. Pub. Cemetery*

Date of Burial, *Oct 18th 1877*

Undertaker, *Chas. Stueper*

Place of Business, *E. Pratt St*

Address *166 E. Eager St*

Wm. B. Boyle M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No. 21401

OFFICE OF REGISTRAR OF VITALS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 16th. 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Arthur Starks } Parents
Hannah Starks }

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, _____ Years, _____ Months, Five Days.

Color, Negro

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore

Duration of Residence in the City of Baltimore, _____

Place of Death, { Give street and number. } 16 Belmor Alley

Cause of Death, { First (Primary,) _____
Second (Immediate,) Cerebral

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick's Church

Date of Burial, Oct 18th 1877 DeLaney H. Barclay M. D. Medical Attendant.

{ Undertaker, A. A. Kerchner Address 165-Argyle Av.

{ Place of Business, 32 S. Carroll

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 21402

OFFICE OF REGISTRAR OF VITALS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said person, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, October 17th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Margaret J. Swift

Sex, ~~Male or Female~~, { Cross out the word not required in this line. } Female

Age, 58 Years, _____ Months, _____ Days.

Color, White

Married, ~~Single, Widowed or Widower~~, { Cross out the words not required in this line. } Married

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, 30 years

Place of Death, { Give street and number. } 196 S. Washington St.

Cause of Death, { First (Primary), Second (Immediate), } Bronchitis & Enteritis
As Thymia

Duration of Last Sickness, 3 weeks.

All the above information should be furnished by the Physician.

Place of Burial, First Methodist Cem. Phila. Pa.

Date of Burial, October 18th. John S. Lynch M. D.
Medical Attendant.

{ Undertaker, W. Tiffel

{ Place of Business, S. Bond St. 151 Address S. E. Broadway & Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No. 211403,

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, or to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *October 17, 1877*
 Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Sarah J. & Henry K. Pilgard*
 Sex, Male ~~Female~~, { Cross out the words not required in this line. }
 Age, _____ Years, _____ Months, *7* Days
 Color, *Black*
 Married, Single, Widow or Widower, { Cross out the words not required in this line. }
 Occupation, _____
 Birthplace, { State or country (and how long in United States, if of foreign birth.) } *Balt. City*
 Duration of Residence in the City of Baltimore, *Life*
 Place of Death, { Give street and number. } *135 Raborg St*
 Cause of Death, { First (Primary,) *Fallen down* Second (Immediate,) *Jaundice* }
 Duration of Last Sickness, *all its life*
 All the above information should be furnished by the Physician.
 Place of Burial, *Laurel Cemetery*
 Date of Burial, *Oct 18th 1877*
 Undertaker, *S. M. Chase*
 Place of Business, *Howard St* Address, *Commis of Health*
J. S. Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Investigation by *J. M. Williams* Sanitary Insp. Information from *Laurel*

Board of Health, City of Baltimore
Permit No. 21404

OFFICE OF REGISTRAR OF VITALS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, as
out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said decedent,
sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Sex, Male or Female,

Cross out the word not required in this line.

Age,

38

Years,

Months,

Days.

Color,

Light

Married, Single, Widow or Widower,

Cross out the word not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

Cause of Death,

First (Primary.)

Second (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

Undertaker,

Place of Business,

Address

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. *21405*

OFFICE OF REGISTRAR OF VITALS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *acc*
out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or
sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *October 17th 1877*

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. *Frances Adams*

Sex, Male or Female, Cross out the word not required in this line.

Age, *104* Years, *One* Months, *—* Days.

Color, *Copper* Sex, *Female*

Married, Single, Widow or Widower, Cross out the words not required in this line. *Widow*

Occupation, *Mid-Wife*

Birthplace, State or country (and how long in the United States, if of foreign birth.) *Talbot County Md Sept, 1773*

Duration of Residence in the City of Baltimore, *Twelve years*

Place of Death, Give street and number. *No 196 St. Bethel St,*

Cause of Death, First (Primary,) Second (Immediate,) *Old Age Exhaustion*

Duration of Last Sickness, *Feeble & gradually growing weaker*
All the above information should be furnished by the Physician.

Place of Burial, *Dallas Cem*

Date of Burial, *Oct 19 1877* *A. J. Found* M. D.
Medical Attendant.

Undertaker, *The J. Locks* Address *75 N. Broadway*
Place of Business, *56 Jefferson*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

P.S. This woman could thread a needle without the aid of a needle.

Board of Health, City of Baltimore

Permit No. 21406

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately, out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Oct 14th

1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Louisa White

Sex, Male or Female, { Cross out the words not required in this line. }

Age,

6

Years,

Months,

Days

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) }

Maryland

Duration of Residence in the City of Baltimore,

Since birth

Place of Death, { Give street and number. }

96 Orchard St
Diphtheria

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

One week

All the above information should be furnished by the Physician.

Place of Burial, *Shortholt Cemetery*

Date of Burial, *Oct 18*

Undertaker, *J. H. Chase*

W. W. Austin

M. D.

Medical Attendant.

Place of Business, *98 Orchard St*

Address, *192 Pearl St*

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No. 21407

OFFICE OF REGISTRAR OF VITALS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 17th 1877
 Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Evangeline Jackson
 Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female
 Age, One Years, Three Months, Days.
 Color, Colored

~~Married, Single, Widow or Widower,~~ { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore Md.

Duration of Residence in the City of Baltimore,

was born here

Place of Death, { Give street and number. }

44 Hargrove Alley

Cause of Death, { First (Primary), Second (Immediate), }

Hydrocephalus

Duration of Last Sickness,

about two weeks

All the above information should be furnished by the Physician.

Place of Burial,

Laurel cemetery

Date of Burial,

October 18

{ Undertaker,

John E Jordan

{ Place of Business,

N^o 63 Park Ave

J. F. Ward M. D.
 Medical Attendant.

Address

127 St Paul St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 21408

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Oct 18 1877

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

James Crew

Sex, Male ~~Female~~

Cross out the words not required in this line.

Age,

4 Years,

Color,

Gold

Months,

Days

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) }

Baltimore City

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give street and number. }

68 Parrish St

Cause of Death, { First (Primary.) }

Second (Immediate.)

Cold

Duration of Last Sickness,

2 days

All the above information should be furnished by the Physician.

Place of Burial,

Laurel Cemetery

Date of Burial,

Oct 19 1877

Undertaker,

Hercules Ross

Place of Business,

West St

Address,

Commissioner of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of birth and deaths of illegitimate children.

Information by James Crew Sr Father of Child

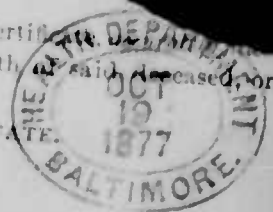
Board of Health, City of Baltimore,

Permit No. *21409*

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

Oct. 18th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Elisabeth Luemann

Sex, Male or Female,

Cross out the words not required in this line.

Female

Age,

Years,

Months,

28 Days

Color,

White

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

None

Birthplace,

State or country (and how long in United States, if of foreign birth.)

Baltimore City

Duration of Residence in the City of Baltimore,

Life

Place of Death,

Give street and number.

13 Howard Street

Cause of Death,

First (Primary.)

Second (Immediate.)

Inward Spasms

Duration of Last Sickness,

3 hours

All the above information should be furnished by the Physician.

Place of Burial,

Balt Cemetery

Date of Burial,

Oct. 19th 1877

Undertaker,

J. Knott

Place of Business,

Canal St.

James A. Steens M.D.

Address, *Commissioner of Health & Registrar*

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Father

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 21410

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if so directed. If not so directed, NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 7 Years,

Color,

5 Months,

Days.

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary) Second (Immediate) }

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, St Alphonsus Cem

Date of Burial, Oct 19

Undertaker, Phil Bahm

Place of Business, 278 E St

Address

52 Lexington

M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the time can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 21411

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Oct 18th

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Daniel Timmy

Sex, Male or Female,

{ Cross out the word not required in this line. }

Male

Age,

78

Years,

Months,

Days,

Color,

White

Married, Single, Widow or Widower,

{ Cross out the word not required in this line. }

Occupation,

Tailor

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Germany

Duration of Residence in the City of Baltimore,

About 28 years

Place of Death, { Give street and number. }

28 Walker St.

Cause of Death, { First (Primary), Second (Immediate), }

Old Age

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 20th October 1877

Undertaker, Ph. C. Dill

Place of Business, 183 Columbia Ave

Address 320 W. Lombard St

M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

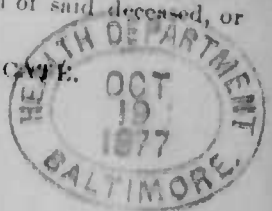
Board of Health, City of Baltimore,
Permit No. 214124

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, Oct 18th 1877
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } George Washington Reed
Sex, Male or Female, { Cross out the word not required in this line. } Male
Age, one Year, Eight Months, Three Days.
Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) }
{ Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, October 19th 1877

Undertaker, Charles F. H. Crockett

Place of Business, 161 Madison St.

Address

Chas. B. Taylor M. D.
Resident Physician
Washington Hosp.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 21413,

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, Oct. 18th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William F. Hadth

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 1 Years, 11 Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Prussia

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 185 E. Pratt St.

Cause of Death, { First (Primary,) Gastro-enteritis
Second (Immediate,) Cholera

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, St. Mathias Court

Date of Burial, Oct 19. 1877

{ Undertaker, H. Hofmann

{ Place of Business, 63 N. Eden St. Address 245 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. *21414*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

17 October 77.

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Theresa Renner

Sex, *Male or Female*,

{ Cross out the word not required in this line. }

Age,

72 Years,

Months,

Days.

Color,

white

Married, Single, Widow or Widower,

{ Cross out the word is not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth. }

Summary

Duration of Residence in the City of Baltimore,

25 years

Place of Death,

{ Give street and number. }

R. E. Conner of Gay & Baltimore

Cause of Death,

{ First (Primary,) Second (Immediate,) }

Pneumonia

Duration of Last Sickness,

7 days

All the above information should be furnished by the Physician

Place of Burial,

St. Alphonsus Cemetery

Date of Burial,

October 19th

C. Haffner M. D.

Medical Attendant

Undertaker,

Adam Fink

Place of Business,

461 North Gay.

Address

57 Michigan

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 21415

OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately, out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, Oct. 18th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Charles Edward Brown

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 6 ~~Years~~, 11 Months, 18 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Balt

Duration of Residence in the City of Baltimore, _____

Place of Death, { Give street and number. } no 88 N. Caroline St

Cause of Death, { First (Primary,) Second (Immediate,) } Consumption

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 21st October

Undertaker, William Schmidt

Place of Business, 263 Eager Str

J. J. Grop M. D.
Medical Attendant.

Address 127 Calver St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 21416

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurate, out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

19th October 1877.

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Margaretta Solwe

Sex, ~~Male~~ Female,

Cross out the word not required in this line.

Age,

77

Years,

Color,

white

Months,

Days.

~~Married, Single, Widowed~~ or Widower, Cross out the words not required in this line.

Occupation,

Birthplace, State or country (and how long in the United States, if of foreign birth.)

Münster, Westphalen, Prussia

Duration of Residence in the City of Baltimore,

36 years

Place of Death, Give street and number.

Canton Avenue - 340

Cause of Death, First (Primary),

Second (Immediate),

Enteritis

Diarrhoea

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, Oct 20th 1877

Undertaker, H. Froehlich

Place of Business, 246 Eastern Ave

William Kennel

M. D.

Medical Attendant.

Address S. Walcott Street 117.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

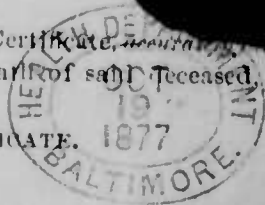
Board of Health, City of Baltimore

Permit No. 21417

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* out, to the Undertaker or other person superintending the burial, within *twenty-four* hours after the death of said Deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

October 18th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Antonia Pluhar

Sex, Male or Female,

Cross out the words not required in this line.

Female

Age,

30

Years,

Months,

Days

Color,

White

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Married

Occupation,

Birthplace,

State or country (and how long in United States, if of foreign birth.)

Bohemia

Duration of Residence in the City of Baltimore,

12 Twelve years

Place of Death,

Give street and number.

35 7th Elderly Street

Cause of Death,

First (Primary),

Phthisis Pulmonalis

Second (Immediate),

Exhaustion

Duration of Last Sickness,

Eleven (11) months

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

October 19 1877

Undertaker,

Place of Business,

307 Central Ave

J. S. Selmer M.D.

Medical Attendant.

Address,

29 S Sharp St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 21418

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *October 18.*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Launcing Slames*

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, *20* Years, *—* Months, *—* Days.

Color, *White*

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, *Saddler*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore*

Duration of Residence in the City of Baltimore, *Since Birth*

Place of Death, { Give street and number. } *74 Hild St*

Cause of Death, { First (Primary.)
Second (Immediate.) } *Phthisis*

Duration of Last Sickness, *18 months*

All the above information should be furnished by the Physician.

Place of Burial, *St. Mary's Cathedral*

Date of Burial, *Oct 19*

Frederick C. Bork M. D.
Medical Attendant.

Undertaker, *C. F. Krane*

Place of Business, *209 Hanover St* Address *146 Hanover St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

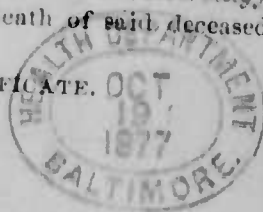
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *21419*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

Oct. 18. 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Clara Virginia Miller

Sex, ~~Male~~ Female, { Cross out the words not required in this line. }

Age,

Years,

1

Months,

26

Days

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) }

Baltimore City

Duration of Residence in the City of Baltimore, *Since birth*

Place of Death, { Give street and number. }

Central Ave. 2nd door below Edward

Cause of Death, { First (Primary.) Second (Immediate.) }

*Scarlatina Maligna
Congestion of Brain*

Duration of Last Sickness,

8 days

All the above information should be furnished by the Physician.

Place of Burial, *Baltimore Cemetery*

Date of Burial, *Oct. 20th 1877*

Undertaker, *Wm. H. Wickman*

Place of Business, *234 N. Gay St.*

Geo. A. Hartman M.D.
Medical Attendant.

Address, *#305 N. Caroline*

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

City of Baltimore,

Permit No. 21420

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

Oct. 17th, 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Lillie May Martin

Sex, Male or Female,

Cross out the word not required in this line.

Age,

3

Years,

Months,

Days.

Color,

white

Sex,

female

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Balt., Md.

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

534 Virginia St

Cause of Death,

First (Primary),

Second (Immediate),

Diphtheria

Convulsions

Duration of Last Sickness,

15 days

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore Cemetery

Date of Burial,

October 19th 1877

M. B. Billingslea

M. D.

Medical Attendant.

Undertaker,

Wm. H. Hickman

Address

Cor. Harford Ave & Biddle St

Place of Business,

234 N. Gay St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 21421

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Oct 18th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Eliza Dillhay

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 89 Years,

Months,

Days.

Color, ~~Black~~

Sex,

Female

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

77 yrs

Place of Death, { Give street and number. }

106 N. Regent St.

Cause of Death, { First (Primary), Second (Immediate), }

Cancer of Breast

Duration of Last Sickness,

abt 12 mo

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, ~~Oct 18~~ Oct 20th 1877

Geo. S. Kimmmon M. D.
Medical Attendant.

{ Undertaker, Charles D. White

Address

73 E. Pratt

{ Place of Business, 35 Granty

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 21422

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 18, 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Harold Francis Davies*

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 79 Years, 6 Months, Days.

Color, *White* Sex, *Male*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Married*

Occupation, *Copper*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore City*

Duration of Residence in the City of Baltimore, *about 65 years*

Place of Death, { Give street and number. } *159 W. Fayette St.*

Cause of Death, { First (Primary), Second (Immediate). } *Advanced age & over exertion*
congestion of liver & stomach

Duration of Last Sickness, *2 1/2 days*

All the above information should be furnished by the Physician.

Place of Burial, *Green Mount Cemetery*

Date of Burial, *October 20th 1877*

{ Undertaker, Place of Business, Address } *Jacob Weaver* *486 Druid Hill Ave* *71 Franklin St.*

W. R. H. M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 21423

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

CERTIFICATE OF DEATH



Date of Death, October 19th 1877 6 A.M.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } George Dobbin Beatty, M.D.

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 40 Years, Months, Days.

Color, White, Sex,

Married, Single, Widowed or Widower, { Cross out the word not required in this line. }

Occupation, Practitioner of Medicine
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore, Md.

Duration of Residence in the City of Baltimore, 40 years

Place of Death, { Give street and number. } Hoffman St No 226

Cause of Death, { First (Primary,) Chronic Bright's Disease
Second (Immediate,) Nephritis

Duration of Last Sickness, For 121 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery, N. H. Keirle M. D.
Date of Burial, October 21st 1877 Medical Attendant.

{ Undertaker, Jacob Weaver Address 74 N. Paca St.
{ Place of Business, Nos 47 & 6 Druid Hill Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 21424

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

October 18th 1877

Full Name of Deceased,

Matthias E. S. Stracker.

Sex, Male or Female,

Male

Age,

21

Years,

10

Months,

5

Days.

Color,

White

Married, Single, Widow or Widower,

Single

Occupation,

Pharmacist

Birthplace,

Stanton, Va.

Duration of Residence in the City of Baltimore,

20 years

Place of Death,

289 - E. Lombard St. cor of Ave

Cause of Death,

First (Primary),

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

Undertaker,

Place of Business,

Address

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 21428

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Oct 19 77

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Anna Hornung

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

13 Years,

9 Months,

Days.

Color,

W

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Balto

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

106 West St

Cause of Death, { First (Primary,) Second (Immediate,) }

Erysipelas of face
convulsions

Duration of Last Sickness,

3 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Oct 20th 1877

Undertaker, C. F. Krause

Place of Business, 209 Ylanover St.

Address

B. J. K. M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 21426

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, October 18th 1877

Full Name of Deceased, Mary E. Smith

Sex, Male or Female, Female

Age, Mark Years, 14 Months, 14 Days.

Color, Black

Married, Single, Widow or Widower, Widow

Occupation, None

Birthplace, Baltimore, Maryland

Duration of Residence in the City of Baltimore, 14 days

Place of Death, At Williamson Alley

Cause of Death, Unknown

Duration of Last Sickness, one week

Place of Burial, Secret Cemetery

Date of Burial, Oct 19, 1877

Undertaker, Pharm

Place of Business, 188 Howard St Address 25 D Hanover Street Baltimore City

M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

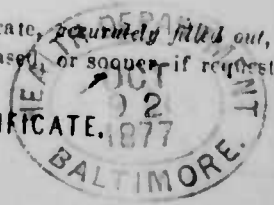
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21427

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~accurately filled out~~, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, October 18th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Alivia C Taylor

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, 5 Years, _____ Months, _____ Days.

Color, Colored

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth) } Baltimore city

Duration of Residence in the City of Baltimore, _____

Place of Death, { Give street and number. } 30 Sarah Ann street

Cause of Death, { First (Primary), Second (Immediate), } Phthisis Pulmonalis

Duration of Last Sickness, About 2 Months

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, Oct 20 1877 J. Darling M. D., Medical Attendant.

Undertaker, J. H. Brown

Place of Business, 143 Mulberry st Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 21428

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *October 17th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Emma R. Daiger*

Sex, Male or Female, { Cross out the word not required in this line. } *Female*

Age, *6* Years, *11* Months, *5* Days.

Color, *White* Sex, *Female*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Single*

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore, Md.*

Duration of Residence in the City of Baltimore, *All her life*

Place of Death, { Give street and number. } *87 St. Howard St*

Cause of Death, { First (Primary,) Second (Immediate.) } *Diphtheria*
Memorized

Duration of Last Sickness, *Five days*

All the above information should be furnished by the Physician.

Place of Burial, *St. Peter's Cemetery*

Date of Burial, *Oct. 20, 1877*

{ Undertaker, *M. A. Daiger*

{ Place of Business, *74 S. Broadway*

Judson G. Shaw M. D.
Medical Attendant.

No. 172
Address *Sancti St. 4 doors west of*
Butler St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. *21429*

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *October 17th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Thomas H. Spencer*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, *68* Years, — Months, — Days.

Color, *White* Sex, *Male*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Married*

Occupation, *Salesman*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Maryland*

Duration of Residence in the City of Baltimore, *54 years*

Place of Death, { Give street and number. } *69 S. Broadway*

Cause of Death, { First (Primary,) Second (Immediate,) } *Anaemia*
Oedema of the Brain

Duration of Last Sickness, *8 months*

All the above information should be furnished by the Physician.

Place of Burial, *Baltimore Cemetery*

Date of Burial, *October 21st 1877*

John S. Lynch M. D.
Medical Attendant

{ Undertaker, *Matthias A. Baig* Address *S. E. Broadway & Pratt.*

{ Place of Business, *No 74 S. Broadway*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 21430

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

CERTIFICATE OF DEATH.



Date of Death, *Monday Oct 18th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Samuel Condie*

Sex, *Male* { Cross out the word not required in this line. }

Age, *28* Years, _____ Months, _____ Days.

Color, *White*

Married, *Single* { Cross out the words not required in this line. }

Occupation, *Librarian*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Maryland*

Duration of Residence in the City of Baltimore, *Practically all his life*

Place of Death, { Give street and number. } *3006 Home St. - G. B. Mackay*

Cause of Death, { First (Primary,) Second (Immediate,) } *Bright's Disease*

Duration of Last Sickness, *8 or 10 wks*

All the above information should be furnished by the Physician.

Place of Burial, *Baltimore Cemetery*

Date of Burial, *Oct. 20. 1877*

Undertaker, *A. A. Baird*

Place of Business, *74 S. Broadway*

J. D. Marvin M. D.
Medical Attendant

Address

*3006 Home St.
G. B. Mackay*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

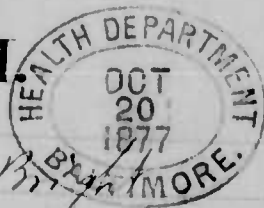
Permit No. 2/431

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH



Date of Death, Oct 19th 1877
 Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wade Hampton
 Sex, Male ~~Female~~, { Cross out the words not required in this line. } Male
 Age, _____ Years, Three Months, _____ Days
 Color, White

~~Married~~ Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, None

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number. } 356 Chase St

Cause of Death, { First (Primary,) Scarlet Fever Malignant
 { Second (Immediate,) Corruption of Brain

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct 20

{ Undertaker, Jay & Bris

{ Place of Business, 54 W Broadway

A. Hartman M.D.
 Medical Attendant.

Address, _____

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 21432

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *October 18th*
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Freda Shucklenfeld*
Sex, Male or Female, { Cross out the word not required in this line. } *Male*
Age, *Three* Years, *four* Months, Days.
Color, *White*
Married, Single, Widow or Widower, { Cross out the words not required in this line. } *—*
Occupation,
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore City*
Duration of Residence in the City of Baltimore,
Place of Death, { Give street and number. } *No 185 East St*
Cause of Death, { First (Primary,) *Influenza*
Second (Immediate,) *Theritis*
Acute pneumonia }
Duration of Last Sickness,
All the above information should be furnished by the Physician.
Place of Burial, *St. Bernard Cemetery*
Date of Burial, *Oct 20th 1877*
Undertaker, *G. E. Hard*
Place of Business, *249 Canton Ave*
Address, *123 Eden St*
M. D. *S. B. Bennett*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 21433

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE



CERTIFICATE OF DEATH.

Date of Death,

Oct. 18 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Jaquette Kimmel

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age,

77

Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

married

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Germany

Duration of Residence in the City of Baltimore,

38 years.

Place of Death, { Give street and number. }

7 Harrison St
Paralysis.

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

Two days.

All the above information should be furnished by the Physician.

Place of Burial, Fels Band Cemetery

Date of Burial,

Oct 21 - 77

Abraham M. Arnold M.D.
Medical Attendant.

{ Undertaker,

Myer Eilau

{ Place of Business,

101 Gough St Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No.

27434

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Oct 18.5/1877

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Charlotte Rawlings

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Female

Age,

54

Years,

0

Months,

Days.

Color,

Dark brown

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,

{ Cross out the words not required in this line. }

Married

Occupation,

Washerwoman

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Annerdel County

Duration of Residence in the City of Baltimore,

Eight years

Place of Death,

{ Give street and number. }

Cor Clinton & Chestnut St

Cause of Death,

{ First (Primary.) }

{ Second (Immediate.) }

Cold

Phthisis Pulmonalis

Two Months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Levenson & Co

Date of Burial,

Oct 20. 77

{ Undertaker,

J W Chase

{ Place of Business,

188 Howard St

B F Bohrer

M. D.

Medical Attendant.

Address Cor Dolphin & Rep

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. *21435*

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

October 18, 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Marion E. Gile

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

1

Years,

1

Months,

2

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore, *Since Birth*

Place of Death, { Give street and number. }

700. Hanover St

Cause of Death, { First (Primary,) Second (Immediate,) }

Phthisis

Duration of Last Sickness,

2 Months

All the above information should be furnished by the Physician.

Place of Burial,

Balto Cemetery

Date of Burial,

Oct-20th 1877

Sheldon Cook M.D.
Medical Attendant.

Undertaker,

Thos G Hughes

Place of Business,

60 E Balto

Address *146. Hanover St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *21436*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *Oct 19th 77*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Catherine Kennard*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, _____ Years, _____ Months, *14* Days.

Color, *colored*

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, *none*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore*

Duration of Residence in the City of Baltimore, *all life*

Place of Death, { Give street and number. } *15-8 W. Hoffman*

Cause of Death, { First (Primary) Second (Immediate) } *Conjunctive febrile. Father bleeds very freely from slight wound. For several days after extraction of tooth.*

Duration of Last Sickness, *14 days*

All the above information should be furnished by the Physician

Place of Burial, *Green Cemetery*

Date of Burial, *Oct 20 1877*

Undertaker, *William Denger*

Place of Business, *No 8000 1/2 Ave*

Edmund R Walker M. D.
Medical Attendant.

Address *180 Linden Ave*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

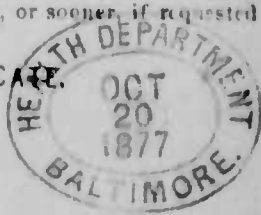
OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. *21437*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *Oct 19 1877*

Full Name of Deceased, *Willie Germeroth*

Sex, Male or Female, *Male*

Age, *2* Years, *1* Month, *0* Days.

Color, *White*

Married, Single, Widow or Widower, *Single*

Occupation,

Birthplace, *Balt. City*

Duration of Residence in the City of Baltimore, *all his life*

Place of Death, *242 Lexington St*

Cause of Death, *Diphtheria*

Duration of Last Sickness, *Several Days*

All the above information should be furnished by the Physician

Place of Burial, *Wister's Cemetery*

Date of Burial, *20th October*

Undertaker, *J. Germeroth*

Place of Business, *242 Lexington St.*

Address

John R. Meyer M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 21438

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

10 "Mo 19" 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

G. W. Reeder

Sex, Male or Female, { Cross out the word not required in this line. }

Male.

Age, 54 Years,

Months,

5 Days.

Color,

White.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Married.

Occupation,

Machinist

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore.

Duration of Residence in the City of Baltimore,

during his whole life

Place of Death, { Give street and number. }

172 Montgomery St

Cause of Death, { First (Primary,) Second (Immediate,) }

Inflammation Stomach

Duration of Last Sickness,

About 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery

Date of Burial, Oct. 22nd 1877

W. Riley

M. D.

Medical Attendant.

{ Undertaker, H. W. Jenkins & Son

{ Place of Business, 16 Light St.

Address 47 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

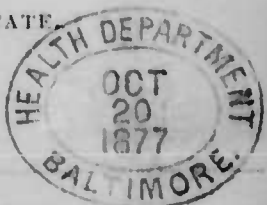
OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21439

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

October 19 1877

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Charles Green

Sex, Male or Female,

{ Cross out the words not required in this line. }

Male

Age,

Forty four Years,

Months,

Days

Color,

Black

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Systeman

Birthplace,

{ State or country (and how long in United States, if of foreign birth.) }

City

Duration of Residence in the City of Baltimore,

44 yrs.

Place of Death,

{ Give street and number. }

58 South Dallas St.

Cause of Death,

{ First (Primary.) }

{ Second (Immediate.) }

Heart disease

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Dalace St Baringg

Date of Burial,

October 22

Undertaker,

Charles A White

Place of Business,

No 35 gramby St

H. C. Deland

M. D.

Address,

Coronet E. D. D.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supltending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No.

449

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Oct 19 1877

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Carver

Sex, Male or Female, {Cross out the word not required in this line.}

Age,

one

Years,

11

Months,

19

Days.

Color,

White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Balt City Student

Birthplace, {State or country (and how long in the United States, if of foreign birth.)}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.}

84 Madison St

Cause of Death,

{First (Primary,)
Second (Immediate,)}

Diphtheria

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Woodbury

Date of Burial,

Oct 21 1877

Undertaker,

Chenault & Co

Place of Business,

541 Penna

Address

26 S. Howard St

M. D.

Medical Attendant.

Carver & Co

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 910

[OVER.]

Board of Health, City of Baltimore,

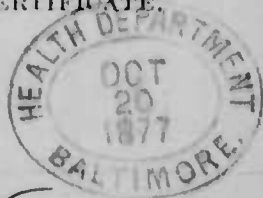
OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21441

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, Oct. 19 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Rebecca Syer

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 35 Years, Months, Days.

Color, colored

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Seamstress

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Balto.

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give street and number. } 70 Burgundy Alley

Cause of Death, { First (Primary,) Second (Immediate,) } Typhoid Fever

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Brown's Lane Balto.

Date of Burial, Oct 21st

Undertaker, Wm. C. Hall

Place of Business, 180 N. E. St.

Address, 262 S. Sharp St.

R. M. Hall M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 142

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Oct 19th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Willie Maygler

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

3 Years,

Months,

Days.

Color,

white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

city

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

281 Central ave

Cause of Death, { First (Primary,) Second (Immediate,) }

Convulsions
Exhaustion

Duration of Last Sickness,

8 hours

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, Oct 21 1877

J. A. Warner M. D.
Medical Attendant.

{ Undertaker, Henry Stock
Place of Business, 309 Central Ave }

Address 256 N. Eden St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. *2/443*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *Oct 20th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Mie Hollins*

Sex, ~~Male~~ Female, { Cross out the word not required in this line. } *Female*

Age, *25* Years, *---* Months, *---* Days.

Color, *White*

~~Married~~ Single, ~~Widow~~, { Cross out the words not required in this line. } *Single*

Occupation, *School Teacher*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore City*

Duration of Residence in the City of Baltimore, *Life*

Place of Death, { Give street and number. } *No 274 Pratt st*

Cause of Death, { First (Primary,) Second (Immediate,) } *Obduracy Pulmonal's*

Duration of Last Sickness, *Three years*

All the above information should be furnished by the Physician.

Place of Burial, *Balto cemetery*

Date of Burial, *Oct 22nd 1877*

{ Undertaker, *Hughes & Co*

{ Place of Business, *No 22 Capron Place*

Thomas J. Evans M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. *21444*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Oct. 19th

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Charles Kelly

Sex, Male ~~Female~~

{ Cross out the word not required in this line. }

Age,

Years,

10

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Balt. City

Duration of Residence in the City of Baltimore,

since birth

Place of Death,

{ Give street and number. }

18 McKim St.

Cause of Death,

{ First (Primary,) Second (Immediate,) }

Abscess

Duration of Last Sickness,

three weeks

All the above information should be furnished by the Physician.

Place of Burial,

Govanstown Rd

Date of Burial,

Oct 20th 1877

John F. Hornum M.D.
Medical Attendant.

Undertaker,

John J. Roelma

Place of Business,

Green Mt. Rd

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No.

445

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

October 20

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Rice, Anna

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 2 Years,

2 Months,

Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Balto. Md

Duration of Residence in the City of Baltimore,

Lifetime

Place of Death, { Give street and number. }

629 N. Gay St.

Cause of Death, { First (Primary,) Second (Immediate.) }

Measles
one week

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial,

Cathedral Cemetery

Date of Burial,

Oct 22 1877

Undertaker,

H. H. Hall & Co.

Place of Business,

Gay St.

J. H. White M. D.
Medical Attendant.

Address 166 E. Eager St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 21446

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE



CERTIFICATE OF DEATH

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, Months, Days.

Color, Sex,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary), Second (Immediate), }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Oct 21

Undertaker, Wm H Leonard Son

Place of Business, 782 Baltimore St

Medical Attendant, J. Jones

M. D.

Medical Attendant.

Address 53 Dr Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

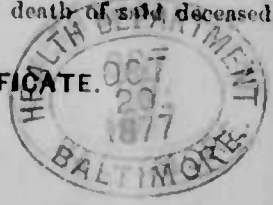
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21447

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, Oct. 19th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Robert L. H. Lusk

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 37 Years, — Months, — Days.

Color, White Sex, —

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Produce business

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto. City

Duration of Residence in the City of Baltimore, All his life

Place of Death, { Give street and number. } S. S. Exeter St.

Cause of Death, { First (Primary,) Pulmonary Consumption
Second (Immediate,) " "

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct 22nd 1877

Undertaker, Thos. S. Hughes Address 406 E. Baltimore St.

Place of Business, 260 E. Baltimore St.
V 238 Madison Ave.

E. J. Brown M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Permit No. 21448

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

October 20th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Henry Williams

Sex, Male or Female,

Cross out the word not required in this line.

Male

Age,

Forty Eight Years,

Months,

Days.

Color,

Colored

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Married

Occupation,

Stewardship

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Dorchester county Maryland

Duration of Residence in the City of Baltimore,

Twenty four years

Place of Death,

Give street and number.

No. 88, Peach alley

Cause of Death,

First (Primary.)

Phlegmonous Erysipelas

Second (Immediate.)

Renal Congestion

Duration of Last Sickness,

Three Days

All the above information should be furnished by the Physician.

Place of Burial,

Lanier Cemetery

Date of Burial,

October 21st

Undertaker,

Herbert R. R.

Place of Business,

180 N. 9th St

Address

No. 146, Hill St
Baltimore Md

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

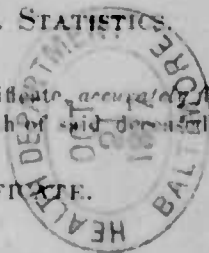
Board of Health, City of Baltimore,

Permit No. *21449*

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *Oct 18th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Joshua Thompson*

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, *59* Years, *6* Months, Days.

Color *ed*

Married, ~~Single~~ *Widow* or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, *Wagon Driver*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Balt. Co. Md*

Duration of Residence in the City of Baltimore, *15 years*

Place of Death, { Give street and number. } *n Spring. No 75*

Cause of Death, { First (Primary,) Second (Immediate,) } *Oberrnia*

Duration of Last Sickness, *Two weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Evergreen Cemetery* *E. C. Baldwin*

Date of Burial, *Oct 21. 77*

M. D.

Medical Attendant.

{ Undertaker, *S. W. Moore*

{ Place of Business, *188 Howard St*

Address *124 n. Eyster*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty ~~eight~~ hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 21450

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *October 20 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Julia Anne Osborne*

Sex, Male or Female, { Cross out the words not required in this line. } *Female*

Age, *70* Years, _____ Months, _____ Days

Color, *Colored*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Widow*

Occupation, _____

Birthplace, { State or country (and how long in United States, if of foreign birth.) } *Baltimore Md.*

Duration of Residence in the City of Baltimore, *70 years*

Place of Death, { Give street and number. } *8 Baranget's Court*

Cause of Death, { First (Primary,) Second (Immediate,) } *Paralysis*

Duration of Last Sickness, *3 weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Sharp Sh Burying Ground*

Date of Burial, *Oct 22nd 1877*

J. A. Gilliss M.D.
Medical Attendant.

{ Undertaker, *John S. Weaver* Address, *150 N. Eutaw St* }

{ Place of Business, *# 22 W. Fayette St* }

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *21457*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

October 2, 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

William H. Scipps

Sex, Male or Female, { Cross out the words not required in this line. }

Age, *36* Years, *1* Months, *1* Days

Color,

White

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Stone Cutter

Birthplace, { State or country (and how long in United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

175, Sharpst

Cause of Death, { First (Primary),
Second (Immediate), }

Phthisis Pulmonalis

Duration of Last Sickness,

one year

All the above information should be furnished by the Physician.

Place of Burial, *Baltimore Cemetery*

Date of Burial, *Oct 23d*

{ Undertaker, *Geo. Schilling*

{ Place of Business, *Ashland Square*

H. W. Webster M.D.
Medical Attendant.

Address, *57 Bureet*

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *21452*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Oct. 19th, 1877

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Walter B. Pfefferack

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Age,

3

Years,

0

Months,

15

Days.

Color,

white

Sex,

female

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth. }

Balt., Md.

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give street and number. }

512 Wisconsin St

Cause of Death,

{ First (Primary,)

Second (Immediate,)

Worms

convulsions

Duration of Last Sickness,

1 day

All the above information should be furnished by the Physician.

Place of Burial,

St. Alphonsus Cemetery

Date of Burial,

Oct 21st

M. B. Billigelen

M. D.

Medical Attendant.

{ Undertaker,

Geo Schilling

{ Place of Business,

Ashland Square

Address

Cor. Harford and Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

F

I

L

M

Board of Health, City of Baltimore,

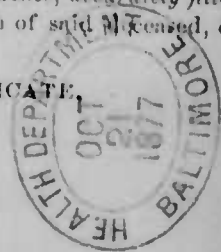
Permit No. 21453

OFFICE OF REGISTRAR OF VITAL STATISTICS.

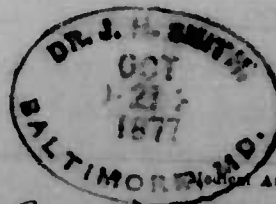
The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, October 20/77
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Abendach
Sex, Male or Female, { Cross out the word not required in this line. } Female
Age, 61 Years, 10 Months, 20 Days.
Color, White
Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married
Occupation, Housewife
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Germany
Duration of Residence in the City of Baltimore, 26 years
Place of Death, { Give street and number. } near of 312 S. Charles St.
Cause of Death, { First (Primary,) Hypertrophy of
Second (Immediate,) Heart
Duration of Last Sickness, 3 hrs
All the above information should be furnished by the Physician.
Place of Burial, St Alphonsus
Date of Burial, Oct 21st
Undertaker, C. F. Krause
Place of Business, 209 Hanover St
Address, 108 S. Sharp St



M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21457

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Oct. 21 " 1877

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents.

Mary Elizabeth Mueller

Sex, ~~Male~~ Female,

{ Cross out the words not required in this line.

Age,

Years,

2

Months,

14

Days

Color,

white

Married, Single, Widow or Widower,

{ Cross out the words not required in this line.

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.)

Baltimore City

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give street and number.

5 Ray Street

Cause of Death, {

First (Primary),

Second (Immediate),

Convulsions

Duration of Last Sickness,

One day

All the above information should be furnished by the Physician

Place of Burial,

Western Cemetery

Date of Burial,

Oct 23 " 1877

James A. Stearns, M. D.

{ Undertaker,

Chas. H. Hewell

Address,

Commiss of Health

{ Place of Business,

Harover St

Reg's Office

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of birth and death of illegitimate children.

Information John Mueller Father of deceased

City of Baltimore,
Permit No. 21455

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Oct 20th 77

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Elizabeth Hugga

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

84 Years,

Months,

Days.

Color,

White

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore City

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give street and number. }

53 Myrtle St

Cause of Death, { First (Primary),
Second (Immediate), }

Pneumonia

Duration of Last Sickness,

10 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct 22nd 1877

W. H. Hugga

M. D.

Medical Attendant.

{ Undertaker, John S. Hugga

Address 76 S. Race St

{ Place of Business, 150 Camden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21456

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *October 20. 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Charles Campbell*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *1* Years, *3* Months, *—* Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore*

Duration of Residence in the City of Baltimore, *Since birth*

Place of Death, { Give street and number. } *625 Light St*

Cause of Death, { First (Primary,) Second (Immediate,) } *Stomachitis*

Duration of Last Sickness, *2 weeks*

All the above information should be furnished by the Physician.

Place of Burial, *St Vincent*

Date of Burial, *Oct 22*

Undertaker, *Wm. Ch. Leonard*

Place of Business, *702 W. Baltimore St*

Address, *146. Harrison St*

Sherard C. Smith M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

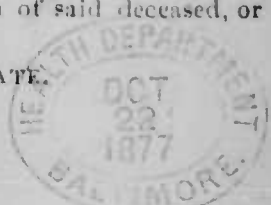
OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *21457*.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *October 20th*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Annie Fufel*

Sex, Male or Female, { Cross out the words not required in this line. } *female*

Age, *7* Years, *9* Months, Days

Color, *white*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *single*

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) } *Germany, Bavaria*

Duration of Residence in the City of Baltimore, *5 years*

Place of Death, { Give street and number. } *Pennsylvania Avenue No. 167*

Cause of Death, { First (Primary,) *Peritonitis*
Second (Immediate,) *Convulsions*

Duration of Last Sickness, *3 days*

All the above information should be furnished by the Physician.

Place of Burial, *Western Cemetery*

Date of Burial, *Oct 22nd 1877*

A. F. Reinhard M. D.
Medical Attendant.

{ Undertaker, *Andrew Leib*

Address, *224 W. Fayette Street*

{ Place of Business, *118 Druid Hall*

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 21458

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

October 21st 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Pius Martin

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

5 Years,

10 Months,

18

Days.

Color,

white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Balto Co

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

528. W. Pratt

Cause of Death, { First (Primary), Second (Immediate), }

Diphtheritic Croup

Duration of Last Sickness,

One week

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, Oct 22nd 1877

Edw. J. McIlwain M. D.
Medical Attendant.

{ Undertaker, J. B. Cook }

{ Place of Business, 10707 W. Baltimore street }

Address 279. W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *21459*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *October 21st 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Maria Heaslin*

Sex, *Male or Female*, { Cross out the word not required in this line. }

Age, *7³* Years, Months, Days.

Color, *White* Sex, *Female*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore*

Duration of Residence in the City of Baltimore, *Years*

Place of Death, { Give street and number. } *64 George St*

Cause of Death, { First (Primary,) Second (Immediate,) *Nervous Prostration*

Duration of Last Sickness, *One day*

All the above information should be furnished by the Physician.

Place of Burial, *Greenmount*

Date of Burial, *Oct 22nd 1877* *Saml. H. Anderson* M. D. Medical Attendant.

{ Undertaker, *Fry & Bz* Address *Franklin & Pine St*

{ Place of Business, *154 N Broadway*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 21460

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, Oct 2, 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Robert C. Gault

Sex, Male or Female, { Cross out the words not required in this line. } Male

Age, 1 Years, 1 Months, 1 Days

Color, W.

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, _____

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number. } 346 East Ave

Cause of Death, { First (Primary,) Diphtheria Second (Immediate,) Apoplexy } Four (4) days

Duration of Last Sickness, Four (4) days

All the above information should be furnished by the Physician.

Place of Burial, Chilcote Road in E. Cemetery

Date of Burial, Oct 2, 1877

{ Undertaker, W. H. Brown }

{ Place of Business, 24 N. Broadway }

Address, W. H. Brown

W. H. Brown M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21461

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested, so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, October 20th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Charles Kinderfater

Sex, Male or ~~Female~~, { Cross out the word not required in this line. } Male

Age, 73 Years, 8 Months, 11 Days.

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word is not required in this line. } Married

Occupation, None for some years

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 14 years.

Place of Death, { Give street and number. } 448 Saratoga St.

Cause of Death, { First (Primary,) Second (Immediate,) } Asphyxia with cardiac complications
Exhaustion

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician

Place of Burial, Greenwood

Date of Burial, Oct 22 1877

{ Undertaker, Place of Business, } W. H. Kemp 55 N. Green St.

M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore, / /

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *21462*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

Oct 24th 1877

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Louisa Polheim

Sex, ~~Male~~ or Female,

{ Cross out the words not required in this line. }

Age,

1

Years,

9

Months,

Days

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in United States, if of foreign birth.) }

Maryland

Duration of Residence in the City of Baltimore,

Since birth

Place of Death,

{ Give street and number. }

14 Union St

Cause of Death,

{ First (Primary.)
Second (Immediate.) }

Nothing

Convulsions

Duration of Last Sickness,

Three Days

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore Cemetery

Date of Burial,

Oct 23rd 1877

W. H. Arthur M. D.
Medical Attendant.

{ Undertaker,

Peter Kimmert

Address,

192 Pearl St

{ Place of Business,

317 Bulbary St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *21463*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *Oct 21. 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Margaret Maguire*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *8* Years, *9* Months, *20* Days.

Color, Sex,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore*

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } *Madison Alley*

Cause of Death, { First (Primary,) Second (Immediate,) } *Cholera Infantum*
Do not know as have not seen the child for two months.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, *St. Patrick's B. B. Browne* M. D.

Date of Burial, *Oct 22 1877* Medical Attendant.

{ Undertaker, *Geo. T. Prodenier* Address *317 Madison Ave*
{ Place of Business, *Hill St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *21461*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *Saturday October 21st*

Full Name of Deceased, Write legibly and correctly. If an infant not named, give names of parents. *(Sister Eliza) Eliza Jones*

Sex, ~~Male~~ or Female, Cross out the word not required in this line. *Female*

Age, *73* Years, _____ Months, _____ Days.

Color, *White* Sex, *Female*

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, Cross out the words not required in this line. *Single*

Occupation, *Sister of Charity - Episcopal*

Birthplace, State or country (and how long in the United States, if of foreign birth.) *Somerset Co - Md -*

Duration of Residence in the City of Baltimore, *about 20 yrs*

Place of Death, Give street and number. *Chmch Amosbury - N. Broadway*

Cause of Death, First (Primary), Second (Immediate), *Apoplexy*

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, *Waverly, Balto. C. M.*

Date of Burial, *Oct. 23, 1877*

Undertaker, *M. A. Day*

Place of Business, *74 S. Broadway*

J. H. Martin M. D.
Medical Attendant

Address *Chmch Amosbury - N. Broadway*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

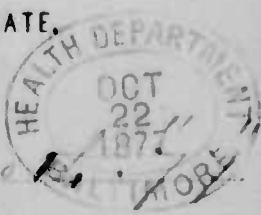
OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *21465*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *Saturday Afternoon Oct 20*

Full Name of Deceased, *John L. Ball*

Sex, Male or Female, *Male*

Age, *58* Years, Months, Days.

Color, *White*

Married, Single, Widow or Widower, *Married*

Occupation, *Shoe Maker*

Birthplace, *Baltimore City*

Duration of Residence in the City of Baltimore, *Life Time*

Place of Death, *283 N. Spring St.*

Cause of Death, *Apoplexy*

Duration of Last Sickness, *8 Days*

All the above information should be furnished by the Physician.

Place of Burial, *Baltimore Cemetery*

Date of Burial, *Oct 22 1877*

Undertaker, *John J. Rodenmayer*

Place of Business, *25 N. Greenmount Ave.*

Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of H

Permit No. 214661

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Oct 21 " 1877

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Mary Ellen Thomas Smith

Sex, ~~Male~~ or Female,

Cross out the words not required in this line.

Age,

Years,

Months,

Days

Color,

Colored

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in United States, if of foreign birth.)

Baltimore City

Duration of Residence in the City of Baltimore,

Life

Place of Death,

Give street and number.

57. Burgundy Alley

Cause of Death,

First (Primary),

Second (Immediate),

Unknown

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Laurel Cemetery

Date of Burial,

Oct 22 " 1877

Undertaker,

S. W. Chase

Place of Business,

Howar St

Address,

Commissioner of Health

Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Deborah Thomas Midwife

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *21467*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE



CERTIFICATE OF DEATH.

Date of Death,

Oct 21st 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Ellen Louisa Hendrick

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years,

Months,

3

Days.

Color,

Colored

Sex,

Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Balt Md

Duration of Residence in the City of Baltimore,

Since birth

Place of Death, { Give street and number. }

No 5 Philpot St

Cause of Death, { First (Primary), Second (Immediate), }

*Whooping cough
Congestion Lung
At 2 1/2 yrs.*

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, *Laural Cemetery*

Geo. S. Kinnaman M. D.
Medical Attendant.

Date of Burial, *Mon. Oct 22nd 1877*

{ Undertaker, *Charles A. White*

{ Place of Business, *35 Granby St*

Address *73 E Pratt St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

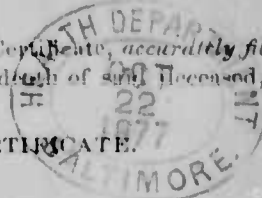
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21468,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

Oct 21. 1897

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Barbara Rephan

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age,

53

Years,

Months,

7

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

married.

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Germany

Duration of Residence in the City of Baltimore,

29 years

Place of Death, { Give street and number. }

27 Philpot Alley

Cause of Death, { First (Primary), Second (Immediate), }

Haemorrhage from bowels

Duration of Last Sickness,

two weeks

All the above information should be furnished by the Physician.

Place of Burial,

St. Alphonsus Cem

Date of Burial,

Oct 23rd

Abraham B. Woodward M. D.
Medical Attendant.

{ Undertaker,

Verdine Lippel

Address

{ Place of Business,

15 S. Bond St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21469.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

CERTIFICATE OF DEATH.

Date of Death, *Saturday Oct 20th 72*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Mary Elizabeth Newman*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } *Female*

Age, Years, *3* Months, *14* Days.

Color, *Caucasian* Sex, *Female*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore Md*

Duration of Residence in the City of Baltimore, *3 1/2 months*

Place of Death, { Give street and number. } *54 North St*

Cause of Death, { First (Primary,) *Scarlet fever*
Second (Immediate,) *Laryngitis*

Duration of Last Sickness, *4 weeks*

All the above information should be furnished by the Physician.

Place of Burial, *New Catholic Cemetery* *E. G. Welch* M. D.

Date of Burial, *Oct 22nd 72* Medical Attendant.

{ Undertaker, *Jacob Davis*
Place of Business, *103 Lee St*

Address *5-1. N. Calvert St - Baltimore Md*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 21470,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Oct 21st 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Oliver Nicholson

Sex, Male ~~Female~~,

Cross out the words not required in this line.

Age,

2

Years,

9

Months,

Days

Color,

Caucasian

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in United States, if of foreign birth.)

Baltimore City

Duration of Residence in the City of Baltimore,

Life

Place of Death,

Give street and number.

4 Cotton St

Cause of Death,

First (Primary),

Second (Immediate),

Unknown

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

N. Paul Cemetery

Date of Burial,

Oct 21st 1877

M. D.

{ Undertaker,

F. A. Kerschner

{ Place of Business,

S. Carroll Station

Address,

Commissioner of Health

Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information left Daniel Lepson
M. D. Station

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21471

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Oct 22 " 1877

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Margaret Mack

Sex, Male or Female,

{ Cross out the words not required in this line. }

Age,

Years,

Months,

5

Days

Color,

white

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in United States, if of foreign birth.) }

Baltimore City

Duration of Residence in the City of Baltimore,

Life

Place of Death,

{ Give street and number. }

281

Cross St

Cause of Death,

{ First (Primary), }

{ Second (Immediate), }

Convulsions

Duration of Last Sickness,

one day

All the above information should be furnished by the Physician.

Place of Burial,

Western Ave

Date of Burial,

Oct 23 " 1877

M. D.

{ Undertaker,

Julius Koehler

Address,

Commis. of Health

{ Place of Business,

Shops St

Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Henry Mack Father

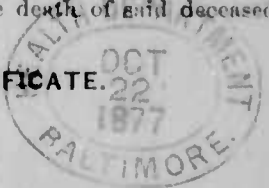
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21472

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, Oct 21

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } May I Manor

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age, 6 Years, — Months, — Days.

Color, Black Sex, Female ~~Male~~

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, —

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number. } 312 S Howard

Cause of Death, { First (Primary,) Second (Immediate,) } Pneumonia
Asphyxia

Duration of Last Sickness, 18 Days
All the above information should be furnished by the Physician.

Place of Burial, Laurie Cemetery

Date of Burial, Oct 22

Undertaker, W. J. Miller & Co. Address 68 Conway

Place of Business, 180. W. 3rd St

Ellis Michener M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore,

Permit No. 21473,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *Oct 22^d 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Ellen Dixon*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *65* Years, Months, Days.

Color, *Black* Sex, *Female*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, *Servant*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Tallmadge, Md.*

Duration of Residence in the City of Baltimore, *50 years*

Place of Death, { Give street and number. } *Richmond St. 65*

Cause of Death, { First (Primary), Second (Immediate), } *Altimus Tumor*

Duration of Last Sickness, *one year*

All the above information should be furnished by the Physician.

Place of Burial, *Laurel Cemetery*

Date of Burial, *Oct 23^d 1877*

Charles L. Loomis M. D.
Medical Attendant.

{ Undertaker, *Wm. James Gray* Address *59 Calverton St.*

{ Place of Business, *65 Mulberry St.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore,

Permit No. 21474

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *October 21* 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *James E. Green*

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, _____ Years, *13* Months, _____ Days.

Color, *Col* Sex, *Male*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Single*

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *156 Orling St Balt*

Duration of Residence in the City of Baltimore, _____

Place of Death, { Give street and number. } *156 Orling St*

Cause of Death, { First (Primary,) Second (Immediate,) } *Pneumonia*

Duration of Last Sickness, *one week*

All the above information should be furnished by the Physician.

Place of Burial, *Sharp St Cemetery*

Date of Burial, *Oct 22^d 1877*

{ Undertaker, *Wm Lorne, Jr* Address *53 South Sharp St*

{ Place of Business, _____

W. B. [Signature] M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *21475*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, *or sooner, if requested* so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *Oct 21st 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Flourie Mabel Jones*

Sex, ~~Male~~ & Female, { Cross out the word not required in this line. }

Age, *7* Years, *11* Months, Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the word is not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore*

Duration of Residence in the City of Baltimore, *Lifetime*

Place of Death, { Give street and number. } *375 Maryland St*

Cause of Death, { First (Primary.) Second (Immediate.) } *Asphyxia*

Duration of Last Sickness, *2 days*

All the above information should be furnished by the Physician

Place of Burial, *Western Cemetery*

Date of Burial, *Oct 23 1877*

Undertaker, *John M. ...*

Place of Business, *150 ...*

A. W. Calhoun M. D.
Medical Attendant.

Address *369 ...*

Extract from Regulations of the Board of Health to secure a full and Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the city of Baltimore, the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his jurisdiction, shall, within eight days after the death to the Undertaker or other person or persons superintending the burial, a certificate, in which shall be ascertained, the full name, sex, age and condition (whether married or single) of the deceased, and the cause of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No.

21476

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Oct 21, 1897

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Bartholomew M. Nicholson

Sex, Male or Female,

Cross out the word not required in this line.

Male

Age,

3

Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

city

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

167 Madeira Alley

Cause of Death,

First (Primary.)

Second (Immediate.)

Tumor of Abdomen.

Dropsy.

Duration of Last Sickness,

10 months

All the above information should be furnished by the Physician.

Place of Burial,

St. Alphonsus Cem

Date of Burial,

October 22nd

Undertaker,

Henriette Dippel

Place of Business,

151 S. Bond St

Address

Thomas S. Arnold M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. *21477*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

Oct. 24 / 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Charles Henry Thompson

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, *8* Years, *6* Months, Days.

Color, *Colored.*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore
Lifetimer

Duration of Residence in the City of Baltimore,

76 Chesnut St.

Place of Death, { Give street and number. }

Cause of Death, { First (Primary.) Second (Immediate.) }

Phtysis Pulmonalis
8 months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Central Cemetery *Edward M. D.*
Medical Attendant.

Date of Burial, *Oct 23 1877*

{ Undertaker *Wm. A. Durgan*

Address *137 N. Egle St.*

{ Place of Business, *No. 62 East St.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

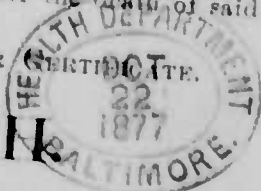
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21478

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER



CERTIFICATE OF DEATH

Date of Death, Oct 22 1877
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George Beckman Jr
Sex, Male ~~Female~~ { Cross out the words not required in this line. }
Age, _____ Years, 1 Months, 26 Days
Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation, _____

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Balto City
Duration of Residence in the City of Baltimore, Life
Place of Death, { Give street and number. } 85 S. Chapel St

Cause of Death, { First (Primary.) } Convulsions
{ Second (Immediate.) } one day
Duration of Last Sickness, _____

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Oct 23 1877

Undertaker, A. Kohler

Place of Business, 244 E. Lombard St

Address, Commis of Health & Registrar

M. D.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death except in cases of births and deaths of legitimate children.

Information by Geo Beckman father

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21479

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, Oct 21st 77

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Mary Heim

~~Sex, Male or~~ Female, { Cross out the word not required in this line. }

Age, 2 Years, Months, Days.

Color, White

~~Married, Single, Widow or Widower,~~ { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Prussia

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

96 W. North

Cause of Death, { First (Primary,) Second (Immediate,) }

Pneumonia
Septicemia

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, S. Alphonsus Cemetery

Date of Burial, Oct. 23rd 77

{ Undertaker, Michael O'Hara

{ Place of Business, 986 Canton Ave

Address 245 S. Baltimore St

J. Mathison, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

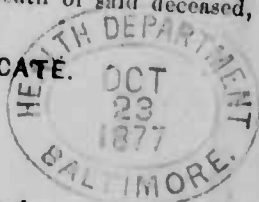
Board of Health, City of Baltimore,

Permit No. 21480

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

October 22. 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Louisa Budd

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age, 90 Years,

Color, Black

Months,

Days.

Sex,

Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Single

Occupation,

Cook

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Howard County Md.

Duration of Residence in the City of Baltimore,

6 years

Place of Death, { Give street and number. }

7 N. Morris alley

Cause of Death, { First (Primary,) Second (Immediate.) }

Old Age

Duration of Last Sickness,

Several years

All the above information should be furnished by the Physician.

Place of Burial,

Annarundel Co. J. Stettinville

Date of Burial, Oct 23

M. D.

{ Undertaker, Mr. M. Leonard Son

Medical Attendant.

{ Place of Business, 782 Baltimore St

Address 432 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

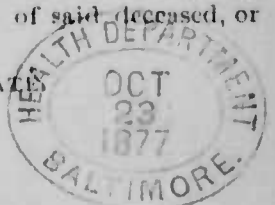
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21481

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

Oct 22nd 1877

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Mary John Nickerson

Sex, Male or Female,

{ Cross out the words not required in this line. }

(Parents)

Age,

Years,

Months,

21

Days

Color,

Colored

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in United States, if of foreign birth.) }

Balto City

Duration of Residence in the City of Baltimore,

Life

Place of Death,

{ Give street and number. }

46 Peach alley

Cause of Death,

{ First (Primary), }

Artificial nursing

{ Second (Immediate), }

Diarrhoea

Duration of Last Sickness,

all its life

All the above information should be furnished by the Physician.

Place of Burial,

Sharp St Cemetery

Date of Burial,

Oct 23rd 1877

M. D.

{ Undertaker,

Hercules Ross

Address,

Commiss of Health

{ Place of Business,

West St

Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Sarah Warner McDwige

OVER

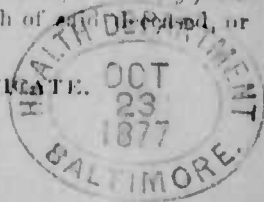
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21482,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *Oct 22 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Amelia Arthur Crane*

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *17* Years, Months, Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, *Eng Land*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } *N 55 Carrollton Avenue*

Cause of Death, { First (Primary,) Second (Immediate,) } *Diphtheria*

Duration of Last Sickness, *one week*

All the above information should be furnished by the Physician.

Place of Burial, *Prince Williams*

Date of Burial, *Oct 24 1877*

Undertaker, *Hughes & Co*

Place of Business, *550 Fayette St*

Address, *23 French St*

M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 911

[OVER.]

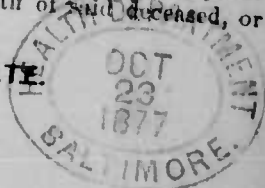
Board of Health, City of Baltimore,

Permit No. 21483,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

Oct 22

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Nancy Ellen Nolan

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, ~~Adult~~ 30 Years,

Color, Colored

Months,

Days.

Sex,

Female

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Eastern shore

Duration of Residence in the City of Baltimore,

17 yrs

Place of Death, { Give street and number. }

No 3 Butcher lane near Baker St
Phthisis Pulmonalis
Asthenia

Cause of Death, { First (Primary),
Second (Immediate). }

Duration of Last Sickness,

9 Mos

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co Md

Date of Burial, Oct 24th 1877

Chas E Sadtler M. D.
Medical Attendant.

Undertaker, Chesnut St 860

Place of Business, 341 Penna ave

Address 649 Penna Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 912

[OVER.]

Board of Health, City of Baltimore,

Permit No. 21484

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, Oct 22/77

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Ann Newman

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, about 25 Years,

Months,

Days.

Color, dark

Sex,

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Servant

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balt.

Duration of Residence in the City of Baltimore, all her life

Place of Death, { Give street and number. } 168 Geyson St

Cause of Death, { First (Primary,) T. Phthisis. Second (Immediate,) Exhaustion.

Duration of Last Sickness, Took her bed two months ago

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral M. J. McDowell M. D. Medical Attendant.

Date of Burial, Octobe th 23/877

Undertaker, William J. Gray

Place of Business, 65 Mulberry St Address 290 Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

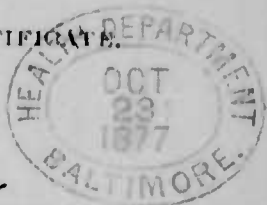
OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21485

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

10th mo 21st 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Frank Julius Hkers.

Sex, Male or Female, { Cross out the word not required in this line. }

Male.

Age, 22 Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Single

Occupation,

clerk.

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore.

Duration of Residence in the City of Baltimore,

22 years.

Place of Death, { Give street and number. }

138 Lexington St.

Cause of Death, { First (Primary,)
Second (Immediate,) }

Typhoid Fever

Duration of Last Sickness,

4 weeks

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery,

Date of Burial, October 23rd 1877

Wm. Riley

M. D.

Medical Attendant.

{ Undertaker, Jacob Weaver

Address

47 Lexington St.

{ Place of Business, 476 Druid Hill Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 212/861

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, Months, Days.

Color, Sex,

Married, Single, Widowed or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial,

{ Undertaker,

{ Place of Business,

M. D.

Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

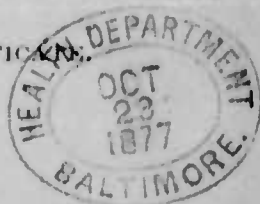
OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21487

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

October 22nd 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Joseph R. Dicus

Sex, Male ~~or~~ Female, { Cross out the word not required in this line. }

Age, 73 Years,

Months,

Days.

Color, white

Married, Single, Widow ~~or~~ Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Rome, Pa. Co., Md.

Duration of Residence in the City of Baltimore,

four years

Place of Death, { Give street and number. }

303 W. Darnley St.

Cause of Death, { First (Primary,) Second (Immediate,) }

Paral trouble

Duration of Last Sickness,

About four months

All the above information should be furnished by the Physician.

Place of Burial, Elbridge Landing

Date of Burial, October 24th 1877

{ Undertaker, Wm. H. Hickman

{ Place of Business, 234 N. Gay St.

No Physician in attendance, M. D.

W. White M.D.
Address 341 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 21488

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

CERTIFICATE OF DEATH.



Date of Death,

Oct., 21st, 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Gertrude Martin

Sex, ~~Male~~ or Female,

Cross out the word not required in this line.

Age,

1

Years,

5

Months,

7

Days.

Color,

white

Sex,

female

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Balto., Md.

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

534 Asquith St.,

Cause of Death,

First (Primary),

Second (Immediate),

Diphtheria

Convulsions

Duration of Last Sickness,

11 days

All the above information should be furnished by the Physician.

Place of Burial,

Balt. Cemeter

Date of Burial,

Oct 24

M. B. Billingsley

M. D.

Medical Attendant.

Undertaker,

Wm. H. McKim

Place of Business,

No 234 Gay St

Address

Cor. Harford & W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *21489*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Oct 22 na

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents }

Anna Kuphofneskie

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age, - *6* - Years, - *2* - Months, - Days.

Color, *White*

~~Married, Single, Widow or Widower,~~ { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Germany

Duration of Residence in the City of Baltimore,

5 years, 6 months

Place of Death, { Give street and number. }

No 295 Durham st

Cause of Death, { First (Primary,) Second (Immediate,) }

Typhoid Fever

Duration of Last Sickness,

Two weeks

All the above information should be furnished by the Physician.

Place of Burial, *St. Alphonsus Cem.*

Date of Burial, *Oct 24 1877*

Thomas J. Evans M. D.
Medical Attendant.

{ Undertaker, *Michael France*

Address *No 22 Vacker Place*

{ Place of Business, *No 280 Canton st*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

K

O

D

A

K

S

A

Board of Health, City of Baltimore,

Permit No. 21490

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attends any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, Oct 22 - 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give name of parents } Martha Wilson

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 46 Years,

Color, Black Months,

Days.

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, School Teacher

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, 46 years

Place of Death, { Give street and number. } 1111

Cause of Death, { First (Primary), Second (Immediate,) } Cerebral Hemorrhage

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 24 11 3 1877 John A. Schmitt

M. D.

Medical Attendant.

{ Undertaker, John W. Cooks

{ Place of Business, 57 N. 1st Address 1111

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Physician is respectfully invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *21491*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *October 22nd 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Mrs Mary M. Porter*

Sex, ~~Male~~ or Female, { Cross out the words not required in this line. }

Age, *68* Years, _____ Months, _____ Days

Color, *white*

Married, ~~Single~~, Widow or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, *none housekeeper*

Birthplace, { State or country (and how long in United States, if of foreign birth.) } *Virginia*

Duration of Residence in the City of Baltimore, *7 years*

Place of Death, { Give street and number. } *N 34 N S Cullogh Str.*

Cause of Death, { First (Primary.)

{ Second (Immediate.) } *Bright's Kidney Disease*

Duration of Last Sickness, *2 years*

All the above information should be furnished by the Physician.

Place of Burial, *Green Mount*

Date of Burial, *Oct 25 1877*

{ Undertaker, *Jacob W. H. H. H.*

{ Place of Business, *Brick Hill*

Henry Valer M.D.
Medical Attendant.

Address, *165 W. Lombard St*

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21492.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

October 22^d 1877.

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Catharine Conly

Sex, Male or Female,

Cross out the words not required in this line.

Female

Age,

48

Years,

Months,

Days

Color,

white

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Widow

Occupation,

none

Birthplace,

State or country (and how long in United States, if of foreign birth.)

Ireland

Duration of Residence in the City of Baltimore,

20 Years

Place of Death,

Give street and number.

2 Liberty Alley
Paralysis

Cause of Death,

First (Primary),

Second (Immediate),

Sudden Death

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Old Cathedral

Date of Burial,

Oct. 24th 1877

Undertaker,

J. P. Byrne

Place of Business,

N. Liberty St.

Address,

Commissioner of Health
& Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by J. P. Byrne

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No *21493*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of *said deceased*, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *October 23^d 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Mary Fisher*

Sex, Male or Female, { Cross out the word not required in this line. } *Female*

Age, *82* Years, *—* Months, *—* Days.

Color, *white*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Single*

Occupation, *—*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore*

Duration of Residence in the City of Baltimore, *Lifetime*

Place of Death, { Give street and number. } *1029 West Monument Street*

Cause of Death, { First (Primary,) Second (Immediate.) } *Advanced age*
Anusarca

Duration of Last Sickness, *Three weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Green Mount*

Date of Burial, *October 25*

Dr. Lloydellartin M. D.
Medical Attendant.

{ Undertaker, *Geo W Spence* Address *38 Mount Vernon Place*
Place of Business, *206 Forrest St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *21494*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Oct 22^d 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

David Cronin

Sex, Male or Female, { Cross out the words not required in this line. }

Age,

48

Years,

Months,

Days

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Laborer

Birthplace, { State or country (and how long in United States, if of foreign birth.) }

Ireland

Duration of Residence in the City of Baltimore,

27 yrs

Place of Death, { Give street and number. }

167 Hollins St

Cause of Death, { First (Primary.) }

Intemperance

{ Second (Immediate.) }

Apoplexy

Duration of Last Sickness,

sudden death

All the above information should be furnished by the Physician.

Place of Burial, *Saint Vincent's Cem*

Date of Burial, *Oct. 24th 1877*

{ Undertaker, *Adam Weidenmayer*

{ Place of Business, *518th W. Baltimore St*

Geo Q. H. [Signature] M. D.
Medical Attendant.

Address, *229 Carey St.*

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. *21495*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Lottie Moore Oct 23rd

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Lottie Moore

Sex, ~~Male~~ or Female,

Cross out the word not required in this line.

Age,

Years,

Months,

Days.

Color,

Married, Single, Widow or Widower, Cross out the words not required in this line.

Occupation,

Birthplace, State or country (and how long in the United States, if of foreign birth.)

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, Give street and number.

134 N. Bond St

Cause of Death,

First (Primary).
Second (Immediate).

Premature Birth

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

London Park

Date of Burial,

Oct 24 1877

Undertaker,

C. Kussing

Place of Business,

Jayette St

Address

137 Calver St

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 21496

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 22 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elizabeth Betty Hayden

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 13 Years, 8 Months, Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Housewoman

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } West River Carroll Co

Duration of Residence in the City of Baltimore, 5 years

Place of Death, { Give street and number. } 43 Edward Street

Cause of Death, { First (Primary,) Second (Immediate,) } Exhaustion

Duration of Last Sickness, Four Months

All the above information should be furnished by the Physician.

Place of Burial, New sharpshem

Date of Burial, Oct 25 1877

{ Undertaker, Theo J. Locks

{ Place of Business, 56 Jefferson

E. Geo. Walls M. D. Medical Attendant.

Address, 77 E. Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last illness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of infants and children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *21497*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Oct 23, 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Thomas H. Kirby
Male

Sex, Male or Female, { Cross out the words not required in this line. }

Age, *Five* Years, *Seven* Months, Days

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) }

Baltimore Md

Duration of Residence in the City of Baltimore,

Swing life

Place of Death, { Give street and number. }

No 234 S Paca St.

Cause of Death, { First (Primary),
Second (Immediate), }

Purpura

Duration of Last Sickness,

Less than three months

All the above information should be furnished by the Physician.

Place of Burial, *Western Cemetery*

Date of Burial, *October 24, 77*

Undertaker, *Philipp S. Pice*

Place of Business, *183 Columbia Ave*

W. H. Ream M. D.
Medical Attendant.

Address, *By Melberry St*

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21498

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Oct: 23rd

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents }

Rosalie Smith

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 7 Years, 11 Months, 27 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

12 McCollah St

Cause of Death, { First (Primary,) Second (Immediate,) }

Diphtheria
6 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, Oct 24 - 1877

Undertaker, J. W. Jenkins

Place of Business, 16 Light St.

J. W. Jenkins M. D.
Medical Attendant.

Address 2 Cathedral St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *21499*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of *said deceased*, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *November 23rd*
Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. *Amie Strahlin*
Sex, ~~Male~~ or Female, Cross out the word not required in this line.
Age, *1* Years, *8* Months, *8* Days.
Color, *White* Sex, *Female*
~~Married~~, Single, ~~Widow~~, ~~Widower~~, Cross out the words not required in this line.
Occupation, *Housewife*
Birthplace, State or country (and how long in the United States, if of foreign birth.)
Duration of Residence in the City of Baltimore,
Place of Death, Give street and number. *125 Mulberry St*
Cause of Death, First (Primary,) Second (Immediate,) *Gastro Enteritis*
Duration of Last Sickness, *5 days.*
All the above information should be furnished by the Physician.
Place of Burial, *Balti County* *J. F. Wilhelm* M. D.
Date of Burial, *October 25th* Medical Attendant.
Undertaker, *Fred Saede* Address *1611 Vineland St.*
Place of Business, *29 South Caroline St.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *21500*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said ~~deceased~~, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Oct 23^d 1877

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Geo A Kent

Sex, Male or Female,

{ Cross out the words not required in this line. }

Age,

26

Years,

Months,

Days

Color,

White

Married, Single, ~~Widow~~ or ~~Widower~~,

{ Cross out the words not required in this line. }

Occupation,

Painter

Birthplace,

{ State or country (and how long in United States, if of foreign birth.) }

Balt City

Duration of Residence in the City of Baltimore,

Life

Place of Death,

{ Give street and number. }

392 Lexington st

Cause of Death,

{ First (Primary), }

{ Second (Immediate), }

fall from a scaffold, accidentally.

Concussion of Brain.

Sudden death.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

London Park

Date of Burial,

Oct 25th 1877

{ Undertaker,

Jacob Weaver

{ Place of Business,

No 4 & 6 Grand Hill

Address,

Geo G Oph Connor

M.D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]